



Commercial Occupancy and Business License Application

City Hall · 310 West Pearce Blvd. · Wentzville, MO · 63385 · (636) 327-5101

Public Works · 200 Fourth St. · Wentzville, MO · 63385 · (636) 327-5102

Welcome to the City of Wentzville! This integrated application process will alert your business activity to multiple departments within the City to help coordinate your business needs in the near future. Any information deemed not applicable to your business should be signified by "NA". If you have questions regarding this application, please refer to the City's Commercial Occupancy and Business License Guide or contact the appropriate department listed on this form.

Print clearly, completely (4 pages) and legibly as documents may be returned if they are found to be incomplete.

General Information

Business Name: _____

Business Address: _____ **Phone:** _____

Business Owner #1 Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Business Owners Email: _____

Business Owner #2 Name (if applicable): _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Business Owners Email: _____

Property Owners Name (if different from above): _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Property Owners Email: _____

Does the owner of this business also have a fifty percent (50%) or greater interest in the property? YES or NO

Emergency Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Manager Contact Name: _____

Address: _____ City, State, Zip: _____

Utility Deposit: \$ _____ **Date:** _____ **Receipt:** _____ **Check #** _____

Service Order # _____ **Account #** _____

Occupancy Paid Date: _____ Receipt: _____ OP# _____ Check #: _____
(300.3130) \$50.00 Occupancy Fee

Bus License Paid Date: _____ Receipt: _____ BL# _____ Check #: _____
(200.0010) \$ 50.00 Business License Fee

Received by: _____ at: PW CH Date Stamp: _____

Please answer the following questions concerning your proposed business. Use N/A where the question is "Not Applicable".

Planning and Zoning (636)639-2032

1. What type of business are you proposing? (Retail, Manufacturing, etc.) _____
2. If the proposed business is retail sales of items, what type of items will be offered for sale? be specific. _____
3. Will any products be manufactured or assembled in the proposed business? If so, what products? _____
4. What type of equipment will be used for this proposed business? _____
5. Will any products, merchandise, equipment or materials be stored outdoors? If so, please list. _____
6. Are there any vehicles used in association with the proposed business? If so, how many and what type? _____
7. Will a new trash collection area be used or will you use an existing dumpster on the property? _____

Building and Inspection (636)639-2036

1. What was the former use of the space you intend to occupy? _____
2. What is your anticipated use and occupant load? _____
3. How many bathrooms will be provided for Males? _____ Females? _____
Family type? _____
4. What is the square footage of the space? _____
5. Does this space or building have a basement? _____
6. Is the building or space sprinklered? _____
7. Do you intend on remodeling the space at all? _____ If yes, a building permit is required.

Water/Wastewater Department (636)639-3563

1. All commercial businesses require a backflow preventer.
Size _____ Type (RPZ) _____ or (DC) _____
2. Will your business involve any special process which may require pre-treatment of wastes entering the sanitary sewer lines? _____ If so, please contact the water/wastewater department for further direction.
3. Will your business require any change to the existing water and sewer service provided?
4. Will you need a water tap? _____ Provide size needed _____
5. Will you need a sewer tap? _____ Provide size of lateral _____
6. Will you need a fire service tap? _____ Provide size _____
7. Will you need an Irrigation tap? _____ Provide size _____



CONFIDENTIAL

Emergency and Security Information

Please provide the following information to the best of your knowledge. Though these are similar questions previously asked, this confidential form will be given directly to the Police Department to help serve you in the future.

Business Name: _____

Business Address: _____

Business Phone: _____

Business Owner #1

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

Business Owners Email: _____

Business Owner #2 (if more than one owner)

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

Business Owners Email: _____

Property Owner

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

#1 Emergency Contact (To be reached when business is closed)

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

#2 Emergency Contact (To be reached when business is closed)

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

Do you provide any of the following security features (Check those that apply)

Night Light _____ Strong Box _____ Safe _____ Alarm _____

Type of Alarm: _____ Company: _____

Maintained by: _____ Address: _____

City, State, Zip: _____ Phone: _____

Do you have private security on the premises? _____ If so, What Company: _____

Address: _____ Phone: _____

What hours and days are security guards present? _____

Additional comments: _____

Staff: DETACH THIS FORM FROM OCCUPANCY AND FORWARD TO PD IMMEDIATELY
Information received by: _____ Forwarded to PD date: _____