

COMMERCIAL OCCUPANCY AND BUSINESS LICENSE APPLICATION

1001 Schroeder Creek Blvd. Wentzville, MO 63385

City Hall: (636) 327-5101 Community Development: (636) 327-5101

Email - the completed application to Kathryn.Bowman@wentzvillemo.gov

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 and legibly as documents may be returned if they are found to be incomplete. Payment must be accompanied with application. There are six pages to this application.

GENERAL INFORMATION

Business Name:	
Business Address:	Local Phone:
Mailing Address:	
Business Email Address:	
Business Website:	
Business Owner One Name:	
Address:	
Phone:	
Business Owner Email:	
Business Owner Two Name (if applicable):	
Address:	
Phone:	Cell Phone:
Business Owner Email:	
Property Owner Name (if different from above): _	
Address:	
Phone:	Cell Phone:
Property Owner Email:	
Does the owner of this business own 50 percent or	greater interest in the real estate of the property?
YES NO	
Emergency Contact Name:	
Address:	City, State, Zip:
Phone:	Cell Phone:
The utilities should be billed to (Name):	listed above.

Commercial Occupancy and Business License Application

Ma	anager Contact Name:				
Ad	dress: City, State, Zip:				
Ph	one: Cell Phone:				
	Please answer the following questions concerning your proposed business. Use N/A where the question is "Not Applicable."				
	Planning and Zoning Division (636) 639-2065				
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 Division (636) 639-2034				
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:MalesFemalesFamily type?				
4.	What is the square footage of the space? (This number will be used to calculate the Occupancy fee and is required.)				
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.				

Check with the local Fire Protection District for additional permits or inspections at (636) 332-9869.

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	Water and Was	tewater Division (636)	639-3563	
1.	All commercial businesses require a backf	low preventer. Size	Type (RPZ)	(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 and Wastewater Division for further direction			
3.	Will your business require any change to t	he existing water and se	wer service provide	d?
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	needed	
7.	Will you need an Irrigation Tap?	Provide size	needed	
8.	Do you need water services at this address	s? YES	NO	
9.	Approximate start date?			
Bu	entzville shall be required to purchase and ke siness License. Renewals are due by February ?	28 of each year.	·	•
	ditional licenses required for Adult Entertai le of Liquor and Tattoo. Contact the City Cle		•	
Bu	siness License Type: (Please check one cate	egory that best describes	s your business):	
	Accommodations and Food Services Agriculture/Forestry/Fishing Arts/Entertainment/Recreation Car Title Loan Contractor	Manufacturing Massage Therapy Payday Loan Retail Service	Storage Units Tattoo Parlor Transportation Wholesale	/Public Utilities
	mber of Employees: Full Time	Part Time	·	
	Il alcohol be served by the drink? Yes nusement devices? Yes No	No Alcohol Pack	tage Sales? Yes	No
Cig	garette Sales: Yes No ur distributors:	If yes, additional licens	se required. Please p	provide a list of
-	Sales Tax ID#:		#: <u> </u>	
Da	te Business Scheduled to Open:			

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The following items are to be acquired by the applicant prior to the issuance of business license.

- 1. Certifications that all taxes and debts owed the City are paid. A tax or fee due and owed by the applicant shall include any such amount owed by the applicant, whether joint or separately or in joint tenancy or by any partnership, corporation or any other entity in which the applicant holds a 50 percent or greater interest or by any shareholder, member or partner holding 50 percent or greater in such entity. That any person, firm or corporation which has not paid taxes due and owing the City shall not be entitled to a business license until said taxes/debts are paid in full. If no taxes are owed, a tax waiver must be obtained from St. Charles County at (636) 949-7470 or 201 N. Second St., St. Charles, MO 63301.
- 2. If you are a retailer, you must submit a copy of your State of Missouri Sales Tax License/Certificate.
- 3. A "NO TAX DUE" form must be obtained from the Department of Revenue and submitted with this application. The applicant must obtain this form within 90 days before the date of submission for application or renewal of the local license. Cities are not permitted to issue business licenses without this form of verification. If you need assistance with this, you may contact the Department of Revenue at (573) 751-9268. If your business doesn't generate retail sales, it is not required to present a statement of no tax due.
- 4. \$50 License Fee (made payable to "City of Wentzville") must be submitted when turning in the application. The City accepts cash, check and credit card which will include a two percent additional charge. No guarantee of issuance with payment.
- 5. \$50 Occupancy Fee for all business spaces 10,000 square feet and under All business spaces over 10,000 square feet is determined by size (Square feet of area x 0.0050) with \$50 minimum Occupancy Fee.
- 6. If you are a contractor in the construction industry, you must supply the City with either a Certificate of Insurance for Workers' Compensation coverage OR an affidavit, the form of which shall be developed by the Division of Workers' Compensation, signed by the applicant attesting that the contractor is exempt from RSMO 287.061. You may obtain this form on the State website at www. https://labor.mo.gov/pubs-and-forms search form 134.
- 7. If you are in the Massage Therapy business where massages are performed, each massage therapist shall provide to the City a copy of their Business and Individual State of Missouri Business License which is required by RSMO 324.247. *This information is due at the same time as the Business License Application each year.*

*No guarantee of issuance with payment.

I, the undersigned, as the representative, owner or agent of the above referenced address have filled out this form to the best of my ability and agree to conform to all applicable laws of this jurisdiction. I further hereby attest that all information regarding Missouri and Federal Tax information contained herein is coded correctly by said department to report City of Wentzville sales tax.

Signature:				
Print Name Date				
I am the:	Owner	Agent	L	egal Representative
City Hall Use Only				
Cash	Check #	Credit Card	Received by: _	
\$	\$ Occupancy Code 300.3130 All business spaces over 10,000 square feet is determined by size (Square feet of area x 0.0050) with \$50 minimum Occupancy Fee.			
\$	\$ Business License Code 100.1010 Business License #			
Receipt#		Date F	Received:	

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EMERGENCY CONTACT INFORMATION FOR WENTZVILLE BUSINESSES

CONFIDENTIAL - FOR POLICE USE ONLY

Please fill out this form completely and return with your Business License application.

Date:		-		
Name of Busine	ess:			
Address of Busi	ness:		Suite:	Business Phone:
#1 Emergency C	Contact Name: _			
Address:			_ City, State, Zip:	
Phone:			Cell Phone:	
#2 Emergency C	Contact Name: _			
Phone:			_ Cell Phone:	
Night light	YES	NO		
Strong box	YES	NO		
Safe	YES	NO		
Alarm	YES	NO		
Type of Alarm:				
Company that i	nstalled and/or	maintains alarm sy	vstem:	
Address:				Phone:
Do you have pri	vate security on	the premises?	YES NO	
If so, what com	pany?			
Name:				
Address: Phone:				

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PLEASE EMAIL A COPY OF THE WAIVER TO CITY OF WENTZVILLE

Request for Business Personal Property Waiver St Charles County Assessor, Travis Welge

201 N. Second St., Room 141 St. Charles Mo 63301 636-949-7422 * 1-800-822-4012 ext. 7422

Fax: 636-949-7340 persprop@sccmo.org

Please print:	
Business Name:	
Corporation Name:	
Mailing Address:	Location Address:
Contact Name:	Contact Number:
	Business Phone #:
E-mail Address	
New Business? Yes No * Date	e This Location Opened – Required
Purchased existing business? Yes N	No Purchase Date:
Moving Business? Yes No From	
Old Location	Address: New Location Address:
What type of license are you applying for? City Business License County Liquor License County Merchant & Manu	Which City:
Iniials complete, sign and return to the Asse	inderstand I will receive an assessment form in January to essor's office. I also understand that I must return an asset list for aced on my account and that a business personal property tax will
Sign or Print Name	Date
Office use	
Account #_	Processed By
Date	