

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 five pages to this application.

GENERAL INFORMATION

Business Name:		
Business Address:	Local Phone:	
Mailing Address:		
Business Owner One Name:		
	City, State, Zip:	
Phone:	Cell Phone:	
Business Owner Two Name (if applic	able):	
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 own	50% or greater interest in the real estate of the property? C	IYES □ NO
Emergency Name:		
	City, State, Zip:	
Phone:	Call Phone:	

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Manag	ger Contact Name:				
Addre	ss: City, State, Zip:				
Phone	: Cell Phone:				
The ut	ilities should be billed to (Name): listed above.				
Util	FOR CITY CLERK'S OFFICE USE ONLY lity Deposit: \$ Date: Receipt: Check#:				
	vice Order #:				
(Ca	cupancy: Paid Date: Receipt: OP#: Check #: Sh Code 300.3130) All business spaces 10,000 square feet and under - \$50 Occupancy Fee; all business spaces over 10,000 square t is determined by size (square feet of area x 0.0050) with \$50 min Occupancy Fee				
10	siness License: Paid Date: Receipt: BL#: Check #: sh Code 200.0010) \$50 Business License Fee				
Rec	sn Code 200.0010) \$50 Business License Fee seived by: Date Stamp:				
	e answer the following questions concerning your proposed business. Use N/A where the question is "Not cable". Planning and Zoning Division (636) 639-2065 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.	B. 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: Males? Females? Family 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 W	astewater Division (63	6) 639-3563		
1.	All commercial businesses require a backflow preven		kflow preventer. Size	Type (RPZ)	(DC)	
2.				re pre-treatment of wasto ater Division for further d		
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 S	ewer Tap?	_ Pro	ovide size of lateral		
6.	6. Will you need a Fire Service Tap?		_ Pro	Provide size		
7.	7. Will you need an Irrigation Tap?		_ Pro	ovide size		
8.	Do you need wat	er services at this addre	ess?	YES	NO	
9.	Approximate sta	t date?				
Additi	<u>-</u>			age, Pawnbrokers, Payd 101 for additional inform		
Busine	ss License Type: (P	lease check one catego	ry that best describes y	our business):		
Re Wł	tail nolesale	Agriculture/Forest Accommodations a Service Storage Units	and Food Services Payday Loan	Arts/Entertain Transportation Massage Thera Contractor	n/Public Utilities apy	
Will Ald Amuse	cohol be served by ment devices?	the drink? Pack 		Seasonal Please provide a list	of your distributors:	
Mo Sal	es Tax ID#:	 Federal Ta	x Payer ID#:			
Date B	usiness 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. <u>Cities are not permitted to issue business licenses without this form of verification</u>. If you need assistance with this, you may contact the Department of Revenue at (573) 751-9268. If your business does generate retail sales, it is not required to present a statement of no tax due.
- 4. License fee of \$50 (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.*
- If you are a contractor in the construction industry, you must supply the City with either a Certificate of 5. 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 287.061. obtain form on website RSMO You may this the State https://labor.mo.gov/pubs-and-forms search form 134.
- 6. 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.

If a license is issued in the middle of the term, fees will be prorated. Please contact the City Clerk to find out the prorated amount before submitting the application. The applicant will need to reapply at renewal time.

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	LEGAL REPRESENTATIVE	

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EMERGENCY CONTACT INFORMATION FOR WENTZVILLE BUSINESSES

CONFIDENTIAL - FOR POLICE USE ONLY

Please IIII out tills	s form completely	and return with	your business license	аррисацоп.
Date:/	_/			
Name of Business	s:			
Address of Busine	ess:		Suite:	Business Phone:
#1 Emergency Co	ntact Name:			
Address:			Suite:	Phone:
#2 Emergency Co	ntact Name:			
Address:			Suite:	Phone:
Night light	Yes	No		
Strong box	Yes	No		
Safe	Yes	No		
Alarm	Yes	No		
Type of Alarm:				
Company that ins	stalled and/or ma	intains alarm sys	tem:	
Address:			Phone:	
Do you have priva	ate security on the	e premises?	Yes No	
If so, what compa	any?			
Name:				
Address:				
Phone:				
What hours are se	ecurity guard(s) p	resent?		
Remarks:				

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