



**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](mailto: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 Email Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

**Business Owner One Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Owners Email: \_\_\_\_\_

**Business Owner Two 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 own 50% or greater interest in the real estate of the property?**  YES  NO

**Emergency Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Commercial Occupancy and Business License Application**

**Manager Contact Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The utilities should be billed to (Name): \_\_\_\_\_ listed above.

FOR CITY CLERK'S OFFICE USE ONLY			
Utility Deposit: \$ _____	Date: _____	Receipt: _____	Check#: _____
Service Order #: _____	Account #: _____		
Occupancy: _____	Paid Date: _____	Receipt: _____	OP#: _____ Check #: _____
(Cash Code 300.3130) All business spaces 10,000 square feet and under - \$50 Occupancy Fee; all business spaces over 10,000 square feet is determined by size (square feet of area x 0.0050) with \$50 min Occupancy Fee			
Business License: _____	Paid Date: _____	Receipt: _____	BL#: _____ Check #: _____
(Cash Code 200.0010) \$50 Business License Fee			
Received by: _____	Date Stamp: _____		

**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: 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.*

**Commercial Occupancy and Business License Application**

**Water and Wastewater Division (636) 639-3563**

1. All commercial businesses require a backflow 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 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 \_\_\_\_\_
8. Do you need water services at this address? \_\_\_\_\_ YES \_\_\_\_\_ NO
9. Approximate start date? \_\_\_\_\_

**City Clerk's Office - (636) 327-5101**

In accordance with City ordinances, all businesses physically located and doing business within the City of Wentzville shall be required to purchase and keep on display at their usual place of business, a City of Wentzville Business License. Renewals are due by February 28 of each year.

**Additional licenses required for Adult Entertainment, Amusement, Massage, Pawnbrokers, Payday Loan, Sale of Liquor and Tattoo. Contact the City Clerk's office at (636) 327-5101 for additional information.**

Business License Type: (Please check one category that best describes your business):

- |                    |                                      |                                     |
|--------------------|--------------------------------------|-------------------------------------|
| ___ Manufacturing  | ___ Agriculture/Forestry/Fishing     | ___ Arts/Entertainment/Recreation   |
| ___ Retail         | ___ Accommodations and Food Services | ___ Transportation/Public Utilities |
| ___ Wholesale      | ___ Service                          | ___ Payday Loan                     |
| ___ Car Title Loan | ___ Storage Units                    | ___ Tattoo Parlor                   |
|                    |                                      | ___ Massage Therapy                 |
|                    |                                      | ___ Contractor                      |

Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal

Will Alcohol be served by the drink? \_\_\_\_\_ Package Sales? \_\_\_\_\_

Amusement devices? \_\_\_\_\_

Cigarette Sales:  Yes  No If yes, additional license required. Please provide a list of your distributors:

Mo Sales Tax ID#: \_\_\_\_\_ Federal Tax Payer ID#: \_\_\_\_\_

Date Business Scheduled to Open: \_\_\_\_\_



**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 Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Suite: \_\_\_\_ Business Phone: \_\_\_\_\_

#1 Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_ Phone: \_\_\_\_\_

#2 Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_ Phone: \_\_\_\_\_

Night light	Yes_____	No_____
Strong box	Yes_____	No_____
Safe	Yes_____	No_____
Alarm	Yes_____	No_____

Type of Alarm: \_\_\_\_\_

Company that installed and/or maintains alarm system: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have private security on the premises? Yes\_\_\_\_\_ No\_\_\_\_\_

If so, what company?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

What hours are security guard(s) present? \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_