



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: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Business Owner Email: _____

Business Owner Two Name (if applicable): _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Business Owner Email: _____

Property Owner Name (if different from above): _____

Address: _____ City, State, Zip: _____

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

Manager Contact Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ 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? _____

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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 needed _____
7. Will you need an Irrigation Tap? _____ Provide size needed _____
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):

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

Number of Employees: _____ Full Time _____ Part Time _____ Seasonal

Will alcohol be served by the drink? Yes No Alcohol Package Sales? Yes No

Amusement devices? Yes No

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: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

#2 Emergency Contact Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell 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: _____



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 EMAIL A COPY OF THE WAIVER TO CITY OF WENTZVILLE

Please print:

Business Name: _____

Corporation Name: _____

Mailing Address: _____ Location Address: _____

Contact Name: _____ Contact Number: _____

Business Phone #: _____

E-mail Address _____

New Business? Yes No * Date This Location Opened – Required _____

Purchased existing business? Yes No Purchase Date: _____

Moving Business?
 Yes No

From _____ To _____

Old Location Address:

New Location Address:

Describe Type of Business: _____

What type of license are you applying for?

City Business License

Which City: _____

County Liquor License

County Merchant & Manufactures

Initials By signing this waiver application, I understand I will receive an assessment form in January to complete, sign and return to the Assessor's office. I also understand that I must return an asset list for my business or an estimate will be placed on my account and that a business personal property tax will be generated.

Sign or Print Name

Date

Office use

Account # _____ Processed By _____

Date _____