



## 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)

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**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? \_\_\_\_\_  
\_\_\_\_\_

### 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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## Commercial Occupancy and Business License Application

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### 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? \_\_\_\_\_
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### 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: \_\_\_\_\_

## Commercial Occupancy and Business License Application

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](http://www.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                                      Legal Representative

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### 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 Received: \_\_\_\_\_

**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 North Second St., Room 141  
St. Charles MO 63301  
636-949-7422 \* 1-800-822-4012 ext. 7422  
persprop@sccmo.org

### Please print:

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

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

MailingAddress: \_\_\_\_\_ Location Address: \_\_\_\_\_

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

Contact Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Business Phone# \_\_\_\_\_

E-mailAddress \_\_\_\_\_

New Business? Yes No \* Date This Location Opened: \_\_\_\_\_

Moving Business? Yes ☐ No Old Location Address: \_\_\_\_\_

New Location Address: \_\_\_\_\_

Purchased existing business? Yes No Purchase date: \_\_\_\_\_

Describe Type of Business. \_\_\_\_\_

Applying for the following:

(check all that apply)

City Business License

County Liquor License

County Merchant & Manufacturers

Which City: \_\_\_\_\_

\*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 \_\_\_\_\_