

Wentzville Missouri

The Crossroads of the Nation

Business License Renewal Application

City Hall – 1001 Schroeder Creek Blvd. Wentzville, MO 63385 (636) 327-5101

In accordance with City ordinances, all businesses physically located within 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 28th of each year. **Additional licenses required for Tattooing, Massage, Payday Loan and Sale of Liquor. Contact the City Clerk's office at (636) 327-5101 for additional information.**

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

1. Certification 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% or greater interest or by any shareholder, member or partner holding 50% 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 Street, St. Charles, MO 63301.
2. 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.labor.mo.gov/DWC/forms/wc-134-AI.pdf or you may request a form by calling City Hall at (636) 327-5101.
3. If you are a **retailer**, you must submit a copy of your State of Missouri Sales Tax License/Certificate.
4. 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 does not make retail sales, it is not required to present a statement of no tax due.**
5. If massages are performed at this business, each massage therapist shall provide to the City a copy of their State Business License which is required by RSMO 324.247.
6. License fee of \$25 (made payable to "City of Wentzville") has been paid in full.

*** No guarantee of issuance with payment.**

Business License Renewal Application

Business Name: _____

Business Address: _____ Local Phone#: _____

Mailing Address: _____

Business Email Address: _____

Number of Employees: ____ Full Time ____ Part Time

Date Business Opened: _____

Missouri Sales Tax ID# _____ Federal Tax Payer ID# _____

Business Web Site: _____

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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Agriculture/Forestry/Fishing | <input type="checkbox"/> Arts/Entertainment/Recreation |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Accommodations and Food Services | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Service | <input type="checkbox"/> Payday Loan |
| <input type="checkbox"/> Car Title Loan | <input type="checkbox"/> Storage Units | |

Business Owner Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Business Owners Email: _____

Manager Contact Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Property Owners Name (if different from above): _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Property Owners Email: _____

Does the owner of this business also have a 50% or greater interest in the property? YES or NO

I, the undersigned, as the representative of the business, confirm that said business, which is located within the corporate limits of the City of Wentzville, Missouri, has been properly registered with the Missouri Department of Revenue and is coded correctly by said department to report City of Wentzville sales tax.

Signature

Print Name

Date

**EMERGENCY CONTACT INFORMATION
FOR
WENTZVILLE BUSINESSES**

CONFIDENTIAL

Please fill out this form completely and return with your business license application.

Date: ____/____/____

Name of Business: _____

Address of Business: _____ Phone: _____

#1 Emergency contact name: _____

Address of Business: _____ Phone: _____

#2 Emergency contact name: _____

Address: _____ 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: _____
