

# Wentzville Missouri

The Crossroads of the Nation

## Commercial Occupancy and Business License Application

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

**Public Works** - 1001 Schroeder Creek Blvd. Wentzville, MO 63385 (636) 327-5102

**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 Owner #1 Name:** \_\_\_\_\_

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

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

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

**Business Owner #2 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 also have a 50% or greater interest in the property? YES or NO

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

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

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

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

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

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

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

#### FOR OFFICE USE ONLY

Utility Deposit: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt: \_\_\_\_\_ Check #: \_\_\_\_\_

Service Order #: \_\_\_\_\_ Account #: \_\_\_\_\_

Occupancy: Paid Date: \_\_\_\_\_ Receipt: \_\_\_\_\_ OP#: \_\_\_\_\_ Check #: \_\_\_\_\_  
(Cash Code 300.3130) \$50.00 Occupancy Fee

Business License: Paid Date: \_\_\_\_\_ Receipt: \_\_\_\_\_ BL#: \_\_\_\_\_ Check #: \_\_\_\_\_  
(Cash Code 200.0010) \$ 25.00 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 (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 and Inspection (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? \_\_\_\_\_
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/Wastewater Department (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/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 \_\_\_\_\_

**Business License (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 28 of each year.

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

1. 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
2. Intended number of employees (total): \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Seasonal: \_\_\_\_\_
3. Will Alcohol be served by the drink? \_\_\_\_\_ Package Sales? \_\_\_\_\_ Amusement devices? \_\_\_\_\_
4. Cigarette sales? \_\_\_\_\_ If yes, provide list of distributors:  
\_\_\_\_\_
5. Mo Sales Tax ID#: \_\_\_\_\_ Federal Tax Payer ID#: \_\_\_\_\_
6. Date Business Scheduled to Open: \_\_\_\_\_



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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_