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 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.

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% 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. 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 generate retail sales, it is not required to present a statement of no tax due.

3. License fee of $25 (made payable to “City of Wentzville”) must be submitted when turning in the application. The City accepts cash, check and credit card which includes a two percent additional charge. No guarantee of issuance with payment.

4. 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.

5. If you are a retailer, you must submit a copy of your State of Missouri Sales Tax License/Certificate.

6. 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.
Business License Renewal Application

Business Name: __________________________________________
Business Address: __________________________ Local Phone#: __________________________
Mailing Address: __________________________________________
Business Email Address: __________________________________________
Date Business Opened: __________________________
Missouri Sales Tax ID# __________________________ Federal Tax Payer ID# __________________________
Business Web Site: __________________________________________
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: __________________________

Type of Business: (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 □ Massage Therapy
□ Car Title Loan □ Storage Units □ Tattoo Parlor □ Contractor

Business Owner Name: __________________________________________
Address: __________________________ City, State, Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Business Owners Email: __________________________________________

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

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: __________________________

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

Revised 3/5/2019
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:____________________________________________________

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:_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________