



COMMERCIAL OCCUPANCY AND BUSINESS LICENSE APPLICATION

1001 Schroeder Creek Blvd. Wentzville, MO 63385

City Hall: (636) 327-5101 **Public Works:** (636) 327-5102

Email - The completed application to Kathryn.Bowman@wentzvillemo.org

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 Web Site: _____

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 real estate of the property?

YES NO

Emergency Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

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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 Occupancy Fee			
Business License: _____	Paid Date: _____	Receipt: _____	BL#: _____ Check #: _____
(Cash Code 200.0010) \$ 25 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? _____

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 _____
8. Do you need water services at this address? _____YES _____NO
9. Approximate start date? _____

Business License (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):

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

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:

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 of Business: _____ Suite:_____ 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: _____

