



The Crossroads of the Nation

Commercial Occupancy and Business License Application

1001 Schroeder Creek Blvd. Wentzville, MO 63385

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

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.

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 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 Massage Therapy
Car Title Loan Storage Units Tattoo Parlor 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

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: _____
