



Basic Business Information (please print):

New Business Change of Name Change in Ownership

Name of Business: _____

Mailing Address: _____, Weldon Spring, MO
63304

Name of business/industrial park, or subdivision where located:

Business Phone: _____ Fax Number: _____

Email Address: _____ Website: _____

Owner's Name: _____ Manager's Name: _____

Primary Contact's Name (if different from above):

After-hours Phone: _____ Cell Number: _____

Nature of Business: Retail: Service: Wholesale/Distribution: Office:
Manufacturing: Technology/High Tech:
Research & Development: Temporary:
Other (explain): _____

1. Brief description of business activities: _____

2. Federal Tax I.D. (if applicable) or Social Security Number:

3. Missouri Sales Tax I.D. (if retail sales apply; collect **6.45% as overall sales tax rate**):

Business License Application
5401 Independence Road
Weldon Spring, MO 63304
(636) 441-2110 phone (636) 441-849

FOR OFFICE USE ONLY

Reviewed by: _____ Date Reviewed: _____
Amount Due: _____ Payment Date: _____

Approved: Yes: No: If 'No', reason for denial: _____

NOTE: Since your business is located within the City of Weldon Spring your both your Federal Tax I.D. and Missouri Retail Sales License should have the business address listed as "Weldon Spring, MO 63304".

4. Will the business operations be conducted from a residential home? Yes No

If you answered 'yes' above complete the following for Home-based Businesses only:

a. Will the home-based business activities be clearly incidental and subordinate to the residential use? Yes No

No

b. Will it change the residential character of the residence or neighborhood?

Yes No

c. Number of employees other than members of the immediate household:

d. Describe the business' parking needs and how they will be handled off street:

5. Will more than one business be operated out of this location? Yes No

If yes, a separate business license is required for each business.

6. Will stock/products in trade be displayed or sold on the premises? Yes No

Explain: _____

7. Will any alterations to the exterior of the building be made? Yes No

Explain: _____

8. Will there be any outside display of goods or outside storage of equipment or materials?

Yes No

9. Estimated number of vehicle trips per day will be generated by this business?

10. Describe any equipment or process which will create noise, vibration, glare, fumes, odors or electrical interference: _____

11. Name chemicals/explosives that will be stored on site and their use(s):

Do you have a license to use these chemicals? Yes No

If yes, a copy of the license must accompany this application.

12. No signs shall be displayed except as permitted in accordance with the City Sign Ordinance.

Describe any signs to be requested: _____

13. How many deliveries of materials or merchandise will be made per week:

14. Will any commercial vehicles be used for your business (cars, trucks, vans, trailers, etc.

with advertising on vehicle)? Yes No

If so, will they be visible to the public? Yes No

If yes, explain: _____

Workers Compensation Insurance:

Under state law (RSMo Chapter 287), any business with five (5) or more employees or a construction business with one (1) or more employees is required to have workers compensation insurance. Please answer ALL of the following questions:

- a. I am a sole proprietor and have no employees. Yes No
- b. I am a partner in a partnership and have no employees. Yes No
- c. I am a construction industry employer (an employer who erects, demolishes, alters, or repairs improvements.)
Yes No
- d. Number of employees: ___ Full Time ___ Part Time ___ Total
- e. Certificate of Insurance for Worker's Compensation Coverage is enclosed.
 Yes
 No, I am not required to cover my liability under state law RSMo Chapter 287.

These Items Must be Included with this Application in Order for the Business License to be Processed:

Business license fee (\$35 for renewals or \$50 for new licenses)

Copy of current PAID personal property tax receipt

If you collect Sales Tax enclose a copy of your 'Certificate of No Tax Due' per state law

Certificate of Insurance for Worker's Compensation Coverage (if required)

Provide a signed Lease or Authorization Letter from Property Owner (if leasing property)

Include a business card and/or company brochure

Note: The Cottleville Community Fire Protection District requires a Building Permit and Occupation Permit on both new and existing commercial buildings; for more info visit their website at www.cottlevillefpd.org or call them at (636) 447-6655

Applicant: In compliance with the provisions of RSMo Chapter 287, I the undersigned below do hereby acknowledge that I have read this renewal application and state that the above information is correct and agree to comply with all City of Weldon Spring ordinances and state laws regulating business operation.

Applicant Signature: _____ **Date:** _____

Print Name: _____

Relationship to Business/Title: _____

Notes/Comments: _____

BUSINESS LICENSE APPLICATION FORM

Updated May 4, 2015

City of Weldon Spring ~ 5401 Independence Road ~ Weldon Spring, MO 63304 ~ (636) 441-2110
www.weldonspring.org