



# Business License Application Form –

5401 Independence Road

Weldon Spring, MO 63304

Phone (636) 441-2110 Fax (636) 441-8495

## 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): \_\_\_\_\_

*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".*

### FOR OFFICE USE ONLY

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Approved: Yes:  No:  If 'No', reason for denial: \_\_\_\_\_

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
- 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](http://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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_