APPLICATION FOR BUSINESS LICENSE/OCCLUPANCY PERMIT

INSTRUCTIONS

Complete this checklist and application in full and submit to the City Clerk’s Office at least 5 business days prior to your move in date. Incomplete applications cannot be processed. Please attach all documentation at the time of submission.

APPLICATION SUBMITTAL REQUIREMENTS:

☐ Complete the application for Business License/Occupancy Permit in its entirety.

☐ An officer of the company must complete the License Holder Signature section of the Business License/Occupancy Permit Application. The license holder must be an individual person responsible for complying with the City of Maryland Heights’ Municipal Code.

☐ Provide a copy of the License Holder’s Photo ID such as a driver’s license or proof of identification.

☐ Submit payment for both the Occupancy Inspection Fee and Business License Fee (calculations for both fees are located on the second page of this application).

☐ Provide a copy of the most recent annual sprinkler, fire alarm, and elevator inspections for the address being applied for.

☐ Attach a detailed letter or completed the land use information page provided to describe the activities to be conducted at this location or complete the land use information page provided. If this description is not submitted at the time of the application, then the application is considered incomplete.

☐ Will there be any construction at this location in which you are applying? Yes ☐ No ☐

□ If yes, please contact the Building and Codes Division to obtain a building permit.

☐ Does your business have any product subject to State sales tax? Yes ☐ No ☐

□ If yes, a Certificate of No Tax Due from the Missouri Department of Revenue must be submitted with this application. Per State Law, the Certificate of No Tax Due is required for a new business license and all renewals of your business license. If a Certificate of No Tax Due is Required it must list Maryland Heights (the political subdivision that is requesting the certificate) on the valid certificate.

To obtain your Certificate of No Tax Due contact the Missouri Taxation Division at (573) 751-9268 or visit the online No Tax Due System at: http://dor.mo.gov/business/sales/notaxdue

☐ Is your business a contractor in the construction industry? Yes ☐ No ☐

□ If yes, please submit one of the following:

□ Certificate of Insurance for Workers’ Compensation Coverage;
□ Certificate of Self-insurance; or
□ Affidavit by applicant of exempt status.

Questions should be addressed to the Missouri Division of Workers’ Compensation, at 1 (800) 775-2667, or your insurance company.

☐ Will there be alcohol sold at this location? Yes ☐ No ☐

□ If yes, a Liquor License application must be submitted to the City Clerks office.
## Application for Business License/Occupancy Permit

### Location Information

<table>
<thead>
<tr>
<th>Address to be Occupied</th>
<th>Suite No.</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

- **Anticipated Move-in Date**
- **Existing Tenant Space**
- **Total Sq. Ft.** = Existing Tenant Space + Sq. Ft. Expansion
- **Contact person for the occupancy inspection to be performed at this location:**
  - Name: ____________________
  - Company: ____________________ Phone: ____________________

- **Total # of Employees at this location:** ____________________
- **Will there be any outdoor storage?**
  - Yes ☐ No ☐
- **Vending Machines at this location:**
  - Yes ☐ No ☐
  - If yes, vending machine owner and phone number: ____________________
- **Will there be alcoholic beverages sold?**
  - Yes ☐ No ☐
- **Is there a building permit for this location?**
  - Yes ☐ No ☐

### Application Information

- **Please check one:**
  - New business ☐
  - Increasing square footage at existing location ☐
  - Change in ownership or business structure ☐
  - Subtenant or Secondary DBA ☐
  - Additional location within the city ☐
  - Relocating within the city to a new location ☐

### Business Information

- **Business DBA Name:** ____________________
- **Corporate Name:** ____________________
- **Business Owner:** ____________________
- **Business Entity Type:** (LLC, Corp, Etc.) ____________________
- **Current Address:** ____________________
  - **City, State, Zip:** ____________________
- **Is this address being vacated?**
  - Yes ☐ No ☐
  - Date current address to be vacated: ____________________

If the license holder is not local, please provide information for an on site manager for this location:

- **Name:** ____________________ Phone: ____________________
- **Email address:** ____________________
- **Title:** ____________________

- **Federal Employer ID or SSN:** ____________________
- **Missouri Sales & Use Tax No:** ____________________
- **Do you have product subject to retail sales tax?**
  - Yes ☐ No ☐
  - If yes, attach a Certificate of No Tax Due letter from the Missouri Dept of Revenue
- **Main Business Phone Number:** ____________________
- **Website:** ____________________

### Building Property Information

<table>
<thead>
<tr>
<th>Property Owner</th>
<th>Property Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address</strong></td>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip</strong></td>
<td><strong>City, State, Zip</strong></td>
</tr>
<tr>
<td><strong>Contact Person:</strong></td>
<td><strong>Contact Person:</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td><strong>Phone:</strong></td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><strong>Email:</strong></td>
</tr>
</tbody>
</table>

### Complete All Pages of This Application
The city’s business license period ends annually on **June 30th**.

The business license fee will be pro-rated based on the move-in date below.

Check one based on estimated move-in date:
- July 1st to September 30th = 100%
- October 1st to December 31st = 75%
- January 1st to March 31st = 50%
- April 1st to June 30th = 25%

### COMPUTATION OF FEE OPTION #1

- **Option for new businesses, additional locations, and new ownership**

  __________ Total Square Feet X $0.02 = $__________ X % above __________ = $__________

  (or Minimum $25.00 whichever is greater)

**OR**

### COMPUTATION OF FEE OPTION #2

- **Option for relocation of an existing business within the City of Maryland Heights or an expansion**

  The business license fee for the relocation shall be based on the difference in square footage of the current location and the new locations.

  New square footage _____________ - current square footage _____________ = ______________ then:

  Difference in Square Footage X $0.02 = $__________ X % above ___________ = $__________

  (or Minimum $12.50 whichever is greater)

### LICENSE HOLDER

APPLICATION MUST BE SIGNED BY A BUSINESS OWNER OR AN OFFICER OF THE COMPANY ENGAGING IN TRADE, BUSINESS OR PRIVILEGE FROM THIS LOCATION.

- **NAME:** (First) ___________________________ (Middle) _______ (Last) ___________________________
- **TITLE:** __________________________________
- **DOB:** ___________ **DL# or SSN:** ______________
- **EMAIL:** ___________________________ **PHONE:** ___________________________
- **BUSINESS ADDRESS:** ___________________________
  - **CITY:** ___________________________ **STATE:** _______ **ZIP:** ______________
- **RESIDENCE ADDRESS:** ___________________________
  - **CITY:** ___________________________ **STATE:** _______ **ZIP:** ______________

I CERTIFY THAT I AM THE OWNER/MANAGING OFFICER OF THE BUSINESS TO BE CONDUCTED AT THE NOTED LOCATION, THAT THE BUSINESS WILL BE CONDUCTED IN ACCORDANCE WITH ALL APPLICABLE LAWS, AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

I AGREE TO REPORT CHANGES TO THIS APPLICATION DATA IMMEDIATELY AS THE SAME OCCUR.

**SIGNATURE:** ___________________________  
**TODAY’S DATE:** ___________________________

THE BUSINESS LICENSE WILL EXPIRE JUNE 30TH OF THE CURRENT BUSINESS LICENSE PERIOD. BUSINESS LICENSES ARE SUBJECT TO RENEWAL ON AN ANNUAL BASIS. A $25.00 LATE PROCESSING FEE WILL APPLY TO ANY RENEWALS THAT ARE NOT PAID WITHIN 30 DAYS OF THE JUNE 30TH ExPIRATION DATE.

NO COMMERCIAL BUILDING SHALL BE OCCUPIED UNTIL AN OCCUPANCY PERMIT AND BUSINESS LICENSE HAS BEEN ISSUED.

ALL LICENSES AND PERMITS MUST BE POSTED AT LICENSED PREMISES.
LAND USE INFORMATION—
THIS IS REQUIRED FOR YOUR COMMERCIAL OCCUPANCY PERMIT & BUSINESS LICENSE TO BE ISSUED

Indicate the business activity to take place at this location or attach a letter including this information. Please be very specific, for example, if it is an office we will need to know if it is an attorney’s office, or an engineering company or an advertising agency. If it is a warehouse we will need to know if you are a wholesaling pet supplies or manufacturing musical instruments. We have a very specific land use matrix. We use the NAICS as a basis, so if you know your NAICS code you can provide that.
Confidential Emergency Information

DATE: _____________________

FIRM (dba): _______________________________________________________________________

BUSINESS ADDRESS: ______________________________________________________________

BUSINESS PHONE: (____)_____________________

EMERGENCY CONTACT BY PRIORITY:

<table>
<thead>
<tr>
<th></th>
<th>NAME</th>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
<th>PAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TYPE OF ALARM
(Check applicable box)  Hold Up      Burglary       Fire  Motion

Other       (Explanation): ____________________________________________

ALARM COMPANY: _________________________________________________________

CONTACT NAME: ______________________________ CONTACT PHONE (____)___________

OTHER PERTINENT INFORMATION (Miscellaneous, i.e.: On site security, security patrol)

________________________________________________________________________

________________________________________________________________________

Name of owner/corporate officer responsible for conformance of property to applicable laws:

NAME: ___________________________________________  S.S.N: _________-______-_________

HOME PHONE: (____)________________  BUSINESS PHONE: (_____)______________________