

FOR CITY USE ONLY - Planning Services Approval		
Planning Services Signature: _____	Zoning District: _____	Approval Date: _____
Business Hour Restrictions: Y / N		

**2016-2017**  
**Business License Application**  
 City of Chesterfield  
 690 Chesterfield Parkway West  
 Chesterfield, Missouri 63017-0760  
 Phone: 636.537.4000 • Fax: 636.537.4798  
 www.chesterfield.mo.us



**Need Help with this Application?**  
 Contact Andrea Majoros  
 Business Assistance Coordinator  
 636.537.4714 or  
 amajoros@chesterfield.mo.us

License fees are prorated for new businesses on a percent basis as listed below. Fees are due upon approval of license – Do not submit with application. Licenses expire June 30<sup>th</sup> of each year. Renewals are due by July 1<sup>st</sup> and penalties apply after July 31<sup>st</sup>.

**IMPORTANT – PLEASE NOTE** – It is a St. Louis County requirement that an OCCUPANCY PERMIT be obtained prior to occupying and conducting business in a new space. For questions on how to obtain an Occupancy Permit and the necessary applications, please contact the Chesterfield Planner of the Day at 636.537.4733

Please check the quarter your business will begin operation (in the event your business has already begun operating, please specify that start date):

07/01/2016 to 09/30/2016 = 100% \_\_\_\_\_      10/01/2016 to 12/31/2016 = 75% \_\_\_\_\_  
 01/01/2017 to 03/31/2017 = 50% \_\_\_\_\_      04/01/2017 to 06/30/2017 = 25% \_\_\_\_\_

**For Seasonal Business** - Opening: \_\_\_\_\_ Closing: \_\_\_\_\_

**Computation of Fee:** (Use One Category Only):  
**Minimum fee \$25; Maximum fee \$10,000**

- A. **Manufacturing/Warehousing** Business:  
 Sq. Ft. \_\_\_\_\_ x \$0.02 x Above \_\_\_\_\_% = \$ \_\_\_\_\_
- B. **Service/Office** Business:  
 Sq. Ft. \_\_\_\_\_ x \$0.04 x Above \_\_\_\_\_% = \$ \_\_\_\_\_
- C. **Retail** Business:  
 Sq. Ft. \_\_\_\_\_ x \$0.08 x Above \_\_\_\_\_% = \$ \_\_\_\_\_
- D. **Home-Based** Business: \_\_\_\_\_ **\$25.00 (minimum fee)**

If you choose to pay your fee by Credit Card, you may provide the information at this time. Your transaction will not be processed until your license is approved.  
**Mastercard • Visa • Discover • American Express**

Acct. No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 or 4-digit CVV Code \_\_\_\_\_

Credit Card  
 Billing Address \_\_\_\_\_

Zip Code \_\_\_\_\_

**Please Type or Print Clearly**

Application Date: \_\_\_\_\_

1. Date business will begin (or began) operation in Chesterfield: \_\_\_\_\_
2. Name of business (or d/b/a): \_\_\_\_\_
3. Location of business:  
 Street address: \_\_\_\_\_ Suite \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Business Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_
4. Mailing address or PO Box (**this is the address all license correspondence and renewal notices will be sent to**):  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_
5. **Contact Person:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_  
 (e-mail address will NOT be given out to anyone - strictly for licensing agent to contact you.)

6. Federal Employer Identification Number: \_\_\_\_\_
7. Missouri Retail Sales Tax ID Number: \_\_\_\_\_  
**Please provide this number along with a "Certificate of No Tax Due" if you collect and remit sales tax to the state of Missouri. Sales Tax Rates vary within the City of Chesterfield. Please confirm with the Business Assistance Coordinator the current sales tax rate for your place of business.**
8. Name of business owner or, if corporation, name and title of officer responsible for business:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
9. Detailed description of business, trade or occupation: \_\_\_\_\_  
 \_\_\_\_\_
10. Are you a Tax-Exempt organization? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If Yes, attach a copy of your Tax-Exempt or Non-Profit Organization Letter**
11. If this is a branch office/franchise, list name, address and telephone number of Parent Corporation:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
12. List other locations within the City of Chesterfield: \_\_\_\_\_
13. Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_
14. Do you sell or serve alcoholic beverages: Yes \_\_\_\_\_ No \_\_\_\_\_
15. Do you sell tobacco: Yes \_\_\_\_\_ No \_\_\_\_\_
16. Do you have vending machines: Yes \_\_\_\_\_ No \_\_\_\_\_
17. Rental agent or owner of property:  
 Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
18. **Hours of Operation:**  
 Sunday \_\_\_\_\_ to \_\_\_\_\_ Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

**NOTE: THE CITY OF CHESTERFIELD RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.**  
 The information given above is true, correct and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
 Signature of Principle Officer

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 Date

(\_\_\_\_) \_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 E-mail Address

**St. Louis County Department of Public Works  
Division of Code Enforcement**

## **Re-Occupancy Application Instructions**

A **Certificate of Use and Occupancy** (sometimes referred to as an Occupancy Permit) is **required prior to moving into a vacant tenant space or building and opening for business.** The re-occupancy application and inspection process may be used if your proposed use of the space or building is the same as the previous use and you plan on moving into the vacant tenant space or building in its existing condition without doing any renovations (other than painting, carpeting, and similar cosmetic work) to the space or building.

When filling out the application for re-occupancy, be sure to **complete all information** accurately. This will aid in avoiding unnecessary delays in processing your application.

Under section marked "Proposed Use" please be very specific in your description. **Example:** If the building or tenant space is to be used for a sales operation, will it be retail sales or wholesale sales? What types of merchandise or products will you be selling? Or, if you plan on using the building or tenant space for storage, what type of materials or products do you intend to store? Furniture, paint, equipment, clothing, etc.

Information such as locator number, type of construction, etc., can be obtained from the building owner. If you can supply a sketch showing the parking in relationship to the building, it would expedite the processing of your application.

If the structure is in a **municipality, you must obtain zoning approval from the municipality before** applying for the re-occupancy permit. Zoning approval must accompany your application.

Your check in the amount of \$126.00, made payable to the Treasurer – St. Louis County, must accompany your application. Re-occupancy application permit **fees are non-refundable.**

Should you have any questions regarding these instructions or the application, please contact our office at 314-615-7866.

For questions regarding the inspection contact commercial inspections at 314-615-7140 Monday thru Friday from 7:30 AM to 9:00 AM only. After you have applied for your permit, **you will need to contact the inspector directly to make an appointment for your inspection.**



41 S. CENTRAL AVENUE  
CLAYTON, MISSOURI 63105

DATE \_\_\_\_\_

LOCATOR # \_\_\_\_\_

PERMIT # \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

FEES PAID \$ \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

**APPLICATION FOR RE-OCCUPANCY PERMIT**

BUILDING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

FIRE DISTRICT \_\_\_\_\_ MUNICIPALITY \_\_\_\_\_

PROPOSED TENANT (Company Name) \_\_\_\_\_

PROPOSED TENANT (Individual Name) \_\_\_\_\_

PROPOSED USE \_\_\_\_\_ SQ/FT. TENANT SPACE \_\_\_\_\_  
SQ/FT. BUILDING \_\_\_\_\_

PRIOR USE \_\_\_\_\_

BUILDING OWNER \_\_\_\_\_ OWNER PHONE # \_\_\_\_\_

BUILDING OWNER ADDRESS \_\_\_\_\_

NUMBER OF PARKING SPACES \_\_\_\_\_ IF PARKING LOT, PAVED \_\_\_\_\_ UNPAVED \_\_\_\_\_

**SIGNS – A PERMIT MUST BE OBTAINED FOR ALL CHANGES AND NEW SIGNAGE.**

The undersigned herewith applies for an occupancy permit for the above described premises under the terms of the St. Louis County Building Code. The permit fee must accompany this application. If the building is in a municipality, written approval must be obtained from that municipality prior to submitting application. (NOTE: Have the municipal official fill out and approve in Zoning Inspection portion). This application is not a permit and premises shall not be occupied until an inspection is made and all discrepancies (if any) are corrected. Application fee is not refundable.

APPLICANT'S SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I certify that I am the owner in fee or agent authorized to apply for this permit; that I am authorized to and do consent to entry onto the premises by St. Louis County employees for inspections of the premises.

APPLICANT'S ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS **REQUIRED:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

ZONING INSPECTION: \_\_\_\_\_

ZONED \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

ZONING SIGNATURE: \_\_\_\_\_

**INSPECTOR:**

NUMBER OF OCCUPANTS \_\_\_\_\_ TYPE OF CONSTRUCTION \_\_\_\_\_ FLOORS \_\_\_\_\_

COMMENTS: \_\_\_\_\_

INSPECTOR ASSIGNED \_\_\_\_\_ INSPECTOR SIGNATURE \_\_\_\_\_

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ SUPERVISOR'S SIGNATURE \_\_\_\_\_