

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



690 Chesterfield Parkway West  
Chesterfield, MO 63017-0760  
Ph. (636)537-4733 Fax (636)537-4798  
www.chesterfield.mo.us

## HOME OCCUPATION PERMIT APPLICATION

A business license and a home occupation permit are required for a home occupation in the City of Chesterfield. Forms are reviewed by the City of Chesterfield Business Assistance Coordinator and Planning Services Department. A digital copy of the City of Chesterfield Ordinance 2117, which establishes the home occupation regulations, is available at the City of Chesterfield website at [www.chesterfield.mo.us](http://www.chesterfield.mo.us).

**DEFINITION OF HOME OCCUPATION:** Any activity conducted by a resident within a dwelling for financial gain, which is incidental to, and clearly subordinate to, the residential use of the property. A home occupation has no employee who is not resident on the premises, has no retail sales (except for goods and services produced on the premises), and occupies **no more than 25 percent** of the residence including the basement and attached garage.

**Please read the attached definitions and regulations, provide the following information and sign this form.**

1. Have you applied for your business license with the City of Chesterfield? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Will you have employees? \*All employees must be residents of the home.  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_
3. Will there be any alterations to the interior of the building? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
4. Does the proposed business require any special equipment? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you expect patrons to come to the proposed business? Yes \_\_\_\_\_ No \_\_\_\_\_
6. How many square feet is your residence? \_\_\_\_\_
7. How many square feet will be utilized for your business? \_\_\_\_\_ (**Reviewer's Calculation: \_\_\_\_\_%**)
8. How will you accommodate parking? \_\_\_\_\_
9. Will any commercial vehicles be required to operate the proposed business? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and understand the definition and requirements regarding "Home Occupation" as stated in accordance with the Zoning Ordinance of the City of Chesterfield. I affirm that my responses the above questions are true and hereby agree to comply with the rules and regulations regarding Home Occupations.

\_\_\_\_\_  
Name of Business (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## HOME OCCUPATION REGULATIONS

- (1) Home occupation activity shall be clearly subordinate to the residential use of the property. The home occupation shall occupy no more than 25% of the residence including the basement and attached garage. Use of existing outbuildings for the home occupation is permitted and not considered in the allowable square footage.
- (2) The home occupation shall have no retail sales (except for goods and services produced on the premises.)
- (3) The following is a list of prohibited uses:
  - (a) Animal hospital
  - (b) Kennel or dog sitting service of more than five (5) dogs at a time, not including dogs owned by the homeowner
  - (c) Clinic and hospital
  - (d) Vehicle repair
  - (e) Outside storage of equipment, material or supplies
  - (f) Restaurant
  - (g) Medical or dental practice, excluding counseling services, which required patients to receive services in the home.
- (4) No person shall be employed other than a member of the family residing on the premises.
- (5) A maximum of two (2) patrons, students, or business callers of any kind may be on the premises at any given time. For child care centers, a maximum of five (5) children, not related to the provider, shall be permitted.
- (6) Patrons, students, or business callers shall only be received within the hours of 7:00 a.m. and 9:00 p.m. All deliveries related to the home occupation shall be made between the hours of 7:00 a.m. and 9:00 p.m.
- (7) The residential structure which accommodates the home occupation shall maintain its residential character of the premises by not having any exterior storage of materials, or any other indication of a home occupation.
- (8) The home occupation shall maintain its character as a dwelling. Alteration of the structure for handicap access shall be permitted.
- (9) There shall be no noise, vibration, smoke, odors, heat or glare produced as a result of the home occupation which would exceed that normally produced by a single residence.
- (10) Signage of any kind located on the exterior of the property or visible from the property shall be prohibited.
- (11) Parking shall not cause a burden on the immediate property or to the neighborhood. All parking for the home occupation must occur on site.
- (12) One (1) commercial vehicle, which is also used by the resident, may be parked at the residence within any 24 hour period.