

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 30th of each year. Renewals are due by July 1st and penalties apply after July 31st.

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