2023-2024
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

City of Chesterfield

Need Help with this Application?
Contact the
Business Assistance Coordinator
636.537.4714 or
licensing@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 for your business location. 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):

07/01/2023 to 09/30/2023 = 100% _____   10/01/2023 to 12/31/2023 = 75% _____

01/01/2024 to 03/31/2024 = 50% _____   04/01/2024 to 06/30/2024 = 25% _____

Seasonal Business - Opening: _____ Closing: _____

Computation of Fee: (Select <u>One</u> License Category Only):

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 _____% = $ _____

Minimum License Fee - $25
Maximum License Fee - $10,000

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 (and/or dba): _____

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 <u>all</u> license correspondence and renewal notices will be sent to)**:
    Address: _____
    City: _____ State: ____ Zip Code: _____ Phone:(____)

5.   Contact Person Name: _____ Phone: (____)_____

    Contact Person Email Address: _____

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.

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 phone 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 _____	

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PLEASE SIGN AND COMPLETE THE PORTION BELOW.
INCOMPLETE APPLICATIONS WILL RESULT IN DELAYED APPROVAL.
NOTE: THE CITY OF CHESTERFIELD RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.

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The information provided is true, correct and complete to the best of my knowledge, information and belief.

_____   _____
Signature of Owner/Principal Officer   Printed Name & Title

_____   (____)_____   _____
Date   Phone   E-mail Address