

Merchant and Business License Application



RENEWAL <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECKLIST INCLUDED <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Application: _____	
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Card Receipt # _____	
Total: \$ _____ Business	
(All renewals Due February 1 st) License #: _____	
All Businesses see checklist for fees and other requirements.	

It is the business owner's responsibility to notify the City Collector immediately if there are any changes to the business entity from the information submitted on this application. Business licenses are paid for the period from February 1st through January 31st. It is the business owner's responsibility to renew the business license each year by January 31st, whether they receive a renewal form or not.

GENERAL BUSINESS INFORMATION

Business Name (DBA): _____	
Business Location: (Cannot be P.O. Box) <input type="checkbox"/> Mail License to this address?	
Street: _____ City: _____ State: _____ Zip: _____	
Mailing Address:	
Street/PO Box: _____ City: _____ State: _____ Zip: _____	
Business Phone: _____	Email Address: _____
Description of Business: _____	
Federal Taxpayer ID# _____	Missouri Sales Tax ID# _____
Number of Employees (Only if business is located within St. Clair City Limits) Full Time _____ Part Time _____	
Type of Business: <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Transportation and Public Utilities (Check the one category that best describes the business) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Accommodations and Foodservices <input type="checkbox"/> Finance/Insurance/Real Estate <input type="checkbox"/> Service <input type="checkbox"/> Arts/Entertainment/Recreation <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Salon/Barber <input type="checkbox"/> Other: _____	

LEGAL NAME OF OWNER(S)

Owner's Name: _____	Phone Number: _____
Home Address: _____	

OTHER CONTACT INFORMATION

Business Manager's Name (if different than owner): _____

SYSTEM(S) (Note: Inspection reports no later than one year prior to the date of this application shall be submitted.)

Security System <input type="checkbox"/> Yes <input type="checkbox"/> No	Video Surveillance <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No	Hood Suppression <input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow Device <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	---	--	---

Emergency Contact: _____

Phone: _____

SIGNATURE

APPLICANT agrees to comply with all applicable code and ordinances of the City of St. Clair. APPLICANT understands that the issuance of the permit creates no legal liability, expressed or implied, on the City of St. Clair. APPLICANT certifies the information submitted is accurate. APPLICANT agrees to allow the Building Inspector and Fire Department Personnel full access for compliance inspection during normal business hours. Full payment of permit fees required prior to application processing or inspection (check payable to "City of St. Clair"). Inspection appointments can be made by calling (636) 629-0333, or at the Building Inspector's office located at City Hall. APPLICANT is responsible for ensuring that all Health and Life Safety Requirements are met prior to inspection. A reinspection fee of \$50 will be assessed for failure to show up for an inspection without notification, and /or if required corrections have not been completed.

Failure to comply with any of the above requirements may result in a civil citation and/or fines.

Signature of Applicant _____ Date _____

Merchant and Business License Application Checklist

CITY OF ST. CLAIR

Collector's Office

1 Paul Parks Dr.

St. Clair, MO. 63077

(636)-629-0333 ext. 103

City Hall will not process or issue any Business Licenses WITHOUT ALL REQUIRED MATERIALS. Payments will not be processed and applications will not be held or accepted WITHOUT ALL REQUIRED MATERIALS AT TIME OF SUBMISSION.

Applicant

City Hall

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | License Application - Included |
| <input type="checkbox"/> | <input type="checkbox"/> | License Fee (\$50) |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Paid Personal Property receipt (for Business if located within City limits). |
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of all pertinent system(s) Inspection report(s) (no older than one year from the date of license application). |
| <input type="checkbox"/> | <input type="checkbox"/> | All NEW businesses located in St. Clair must schedule an inspection with the City Inspector (636-629-0333 ext. 200) before their business license will be approved. |

Also include the following if:

RETAIL SALES

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of 'No Tax Due' with the State of Missouri (http://dor.mo.gov/business/sales/notaxdue/) |
|--------------------------|--------------------------|--|

SALON, BARBER, INSURANCE

- | | | |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | License Fee (\$25) – Not \$50 |
|--------------------------|--------------------------|-------------------------------|

CONTRACTORS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | General Liability Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of current Worker's Compensation coverage (if applicable) |

ST. CLAIR HOME BUSINESS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Home Occupation License Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Planning and Zoning Commission Approval certification |

TEMPORARY CONCESSION STRUCTURE (EX. FOOD TRUCK)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Board of Alderman consent (if on public property) |
| <input type="checkbox"/> | <input type="checkbox"/> | General Liability |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of current Worker's Compensation coverage (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | County Health Dept. Certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Notarized property owners' consent |

MERCHANT AND BUSINESS LICENSE APPLICATION ON REVERSE SIDE