



APPLICATION FOR BUSINESS LICENSE/OCCUPANCY PERMIT

INSTRUCTIONS

Complete this checklist and application in full and submit to the City Clerk's Office
at least 5 business days prior to your move in date.

Incomplete applications cannot be processed

Please attach all documentation at the time of submission.

APPLICATION SUBMITTAL REQUIREMENTS:

- Complete the application for Business License/Occupancy Permit in its entirety.
- An officer of the company must complete the License Holder Signature section of the Business License/Occupancy Permit Application. The license holder must be an individual person responsible for complying with the City of Maryland Heights' Municipal Code.
- Provide a copy of the License Holder's Photo ID such as a driver's license or proof of identification.
- Submit payment for both the Occupancy Inspection Fee and Business License Fee (calculations for both fees are located on the second page of this application).
- Provide a copy of the most recent annual sprinkler, fire alarm, and elevator inspections for the address being applied for.
- Is there a septic system at this location in which you are applying? Yes No
If yes, please provide a report to the building inspector.
- Attach a detailed letter or completed the land use information page provided to describe the activities to be conducted at this location or complete the land use information page provided. If this description is not submitted at the time of the application, then the application is considered incomplete.
- Will there be any construction at this location in which you are applying? Yes No
If yes, please contact the Building and Codes Division to obtain a building permit.
- Does your business have any product subject to State sales tax? Yes No

If yes, a Certificate of No Tax Due from the Missouri Department of Revenue must be submitted with this application. Per State Law, the Certificate of No Tax Due is required for a new business license and all renewals of your business license. If a Certificate of No Tax Due is Required it must list Maryland Heights (the political subdivision that is requesting the certificate) on the valid certificate.

To obtain your Certificate of No Tax Due contact the Missouri Taxation Division at (573) 751-9268 or visit the online No Tax Due System at: <http://dor.mo.gov/business/sales/notaxdue>

- Is your business a contractor in the construction industry? Yes No
If yes, please submit one of the following:
 - Certificate of Insurance for Workers' Compensation Coverage;
 - Certificate of Self-insurance; or
 - Affidavit by applicant of exempt status.

Questions should be addressed to the Missouri Division of Workers' Compensation, at 1 (800) 775-2667, or your insurance company.

- Will there be alcohol sold at this location? Yes No

If yes, a Liquor License application must be submitted to the City Clerks office.



City of MARYLAND HEIGHTS

11911 Dorsett Road · Maryland Heights, MO · 63043
t: (314) 291-6550 · f: (314) 291-7457
www.marylandheights.com

OP#	_____
BP#	_____
LIC #	_____
INSPECTION DATE	_____

APPLICATION FOR BUSINESS LICENSE/OCCUPANCY PERMIT

LOCATION INFORMATION

ADDRESS TO BE OCCUPIED _____ SUITE NO. _____ ZIP CODE _____	
Anticipated Move-in Date _____	Total # of Employees at this location: _____
Existing Tenant Space _____ + Sq. Ft. Expansion _____ = Total Sq. Ft. _____	Will there be any outdoor storage? Yes <input type="radio"/> No <input type="radio"/>
Contact person for the occupancy inspection to be performed at this location: Name: _____	Vending Machines at this location: Yes <input type="radio"/> No <input type="radio"/>
Company: _____ Phone: _____	If yes, vending machine owner and phone number: _____
	Will there be alcoholic beverages sold? Yes <input type="radio"/> No <input type="radio"/>
	Is there a building permit for this location? Yes <input type="radio"/> No <input type="radio"/>

APPLICATION INFORMATION

Please check one:

<input type="checkbox"/> New business	<input type="checkbox"/> Subtenant or Secondary DBA
<input type="checkbox"/> Increasing square footage at existing location	<input type="checkbox"/> Additional location within the city
<input type="checkbox"/> Change in ownership or business structure	<input type="checkbox"/> Relocating within the city to a new location

BUSINESS INFORMATION

Business DBA Name: _____	
Corporate Name: _____	
Business Owner: _____	Federal Employer ID or SSN : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Entity Type: _____ (LLC, Corp, Etc.)	Missouri Sales & Use Tax No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current Address _____	Do you have product subject to retail sales tax? Yes <input type="radio"/> No <input type="radio"/>
City, State, Zip _____	If yes, attach a <u>Certificate of No Tax Due</u> letter from the Missouri Dept of Revenue
Is this address being vacated? Yes <input type="radio"/> No <input type="radio"/>	Main Business Phone Number: _____
Date current address to be vacated _____	Website: _____
If the license holder is not local, please provide information for an on site manager for this location:	License Renewal Mailing Address
Name: _____ Phone: _____	Address: _____
Email address: _____	City, State ZIP: _____
Title: _____	Attn: _____

BUILDING PROPERTY INFORMATION

PROPERTY OWNER _____	PROPERTY MANAGER _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Contact Person: _____	Contact Person: _____
Phone: _____ Email: _____	Phone: _____ Email: _____

COMPLETE ALL PAGES OF THIS APPLICATION

OCCUPANCY INSPECTION AND BUSINESS LICENSE FEES

PAYABLE: CITY OF MARYLAND HEIGHTS

OCCUPANCY INSPECTION FEE DUE:

COMPUTATION OF FEE: _____ Square Feet X \$0.005 = \$ _____ (or **MINIMUM \$100.00** WHICHEVER IS GREATER)

BUSINESS LICENSE FEE DUE:

The city's business license period ends annually on **June 30th**.
The business license fee will be pro-rated based on the move-in date below.

Check one based on estimated move-in date:

- July 1st to September 30th = 100%
- October 1st to December 31st = 75%
- January 1st to March 31st = 50%
- April 1st to June 30th = 25%

COMPUTATION OF FEE OPTION #1 - option for new businesses, additional locations, and new ownership

_____ Total Square Feet X \$0.02 = \$ _____ X % above _____ = \$ _____
(or **MINIMUM \$25.00** WHICHEVER IS GREATER)

OR

COMPUTATION OF FEE OPTION #2 - option for relocation of an existing business within the City of Maryland Heights or an expansion. *The business license fee for the relocation shall be based on the difference in square footage of the current location and the new locations.*

New square footage _____ - current square footage _____ = _____ then:
Difference in Square Footage

Difference in Square Footage X \$0.02 = \$ _____ X % above _____ = \$ _____
(or **MINIMUM \$12.50** WHICHEVER IS GREATER)

LICENSE HOLDER

SIGNATURE REQUIRED

APPLICATION MUST BE SIGNED BY A BUSINESS OWNER OR AN OFFICER OF THE COMPANY ENGAGING IN TRADE, BUSINESS OR PRIVILEGE FROM THIS LOCATION.

NAME: (First) _____ (Middle) _____ (Last) _____

TITLE: _____ DOB: _____ DL# or SSN: _____

EMAIL: _____ PHONE: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RESIDENCE ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

I CERTIFY THAT I AM THE OWNER/MANAGING OFFICER OF THE BUSINESS TO BE CONDUCTED AT THE NOTED LOCATION, THAT THE BUSINESS WILL BE CONDUCTED IN ACCORDANCE WITH ALL APPLICABLE LAWS, AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

I AGREE TO REPORT CHANGES TO THIS APPLICATION DATA IMMEDIATELY AS THE SAME OCCUR.

SIGNATURE: _____ **TODAY'S DATE :** _____

**THE BUSINESS LICENSE WILL EXPIRE JUNE 30TH OF THE CURRENT BUSINESS LICENSE PERIOD.
BUSINESS LICENSES ARE SUBJECT TO RENEWAL ON AN ANNUAL BASIS. A \$25.00 LATE PROCESSING FEE WILL
APPLY TO ANY RENEWALS THAT ARE NOT PAID WITHIN 30 DAYS OF THE JUNE 30TH EXPIRATION DATE.**

**NO COMMERCIAL BUILDING SHALL BE OCCUPIED UNTIL AN
OCCUPANCY PERMIT AND BUSINESS LICENSE HAS BEEN ISSUED**

ALL LICENSES AND PERMITS MUST BE POSTED AT LICENSED PREMISES.



MARYLAND HEIGHTS POLICE DEPARTMENT

**11911 Dorsett Road
Maryland Heights, Missouri 63043
(314) 298-8700**

Confidential Emergency Information

DATE: _____

FIRM (dba): _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: (____) _____

EMERGENCY CONTACT BY PRIORITY:

	NAME	HOME PHONE	CELL PHONE	PAGER
1				
2				
3				
4				

TYPE OF ALARM

(Check applicable box)

Hold Up

Burglary

Fire

Motion

Other

(Explanation): _____

ALARM COMPANY: _____

CONTACT NAME: _____ CONTACT PHONE (____) _____

OTHER PERTINENT INFORMATION (Miscellaneous, i.e.: On site security, security patrol)

Name of owner/corporate officer responsible for conformance of property to applicable laws:

NAME: _____ S.S.N: _____ - _____ - _____

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____