

Merchant and Business License Application

CITY OF ST. CLAIR



Collector's Office
 1 Paul Parks Dr.
 St. Clair, MO. 63077
 (636)-629-0333 ext. 105

RENEWAL YES NO CHECKLIST INCLUDED YES NO

Date of Application: _____

Payment: Cash Check # _____ Card # _____

Total: \$ _____ **Business**

(All renewals Due February 1st) 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)*

Street: _____ City: _____ State: _____ Zip: _____

Mailing Address:

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Email Address: _____

Type of Business: _____

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
<i>(Check the one category that best describes the business)</i>	<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): _____

SECURITY SYSTEM

Security System Yes No Video Surveillance Yes 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, extension 106 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 re-inspection 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 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"/> | All NEW businesses located in St. Clair must schedule an inspection with the City Inspector (636-629-0333 ext. 106) 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indemnity Bond (if working within public right of way) |

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