



**City of Wentzville**  
Business License Renewal Application  
310 W. Pearce Blvd. Wentzville, MO 63385  
Phone: (636)327-5101 \* Fax: (636)639-2017

**Section 1.** In accordance with City ordinances, all businesses physically located within and doing business within the City of Wentzville shall be required to purchase and keep on display at their usual place of business, a City of Wentzville Business License. Renewals are due by February 28th of each year. **Additional licenses required for Tattooing, Payday Loan, Adult Entertainment, Pawnbrokers and Sale of Liquor. Contact the City Clerk’s office at 636-327-5101 for additional information.**

**Section 2.** The following items are acquired by the applicant prior to the issuance of business license.

1. Certification that all taxes and debts owed the City are paid. A tax or fee due and owed by the applicant shall include any such amount owed by the applicant, whether jointly or severally or in joint tenancy or by any partnership, corporation or other entity in which the applicant holds a fifty percent (50%) or greater interest or by any shareholder, member or partner holding a fifty percent (50%) or greater interest in such entity. That any person, firm or corporation which has not paid taxes due and owing the City shall not be entitle to a business license until said taxes/debts are paid in full. If no taxes are owed, a tax waiver must be obtained from St. Charles County at 636-949-7470 or 201 N. Second Street, St. Charles, MO 63301.
2. All commercial businesses are required to have backflow protection installed for the safety of the water system. Businesses can request Backflow exemption waivers if their building meets certain requirements. Backflow Waiver applications are available on the city’s website for review at the following link <http://www.wentzvillemo.org/BackflowWaiverApplication.pdf>.
3. If you are a **contractor in the construction industry**, you must supply the City with either a Certificate of Insurance for Workers’ Compensation coverage **OR** an affidavit, the form of which shall be developed by the Division of Workers’ Compensation, signed by the applicant attesting that the contractor is exempt from RSMO 287.061. You may obtain this form on the State website at [www.labor.mo.gov/DWC/forms/wc-134-AI.pdf](http://www.labor.mo.gov/DWC/forms/wc-134-AI.pdf) or you may request a form by calling City Hall at 636-327-5101.
4. If you are a retailer, you must submit a copy of your State of Missouri Sales Tax License/Certificate.
5. A “NO TAX DUE” form must be obtained from the Department of Revenue and submitted with this application. The applicant must obtain this form within 90 days before the date of the submission for application or renewal of the local license. **Cities are not permitted to issue business licenses without this form of verification.** If you need assistance with this, you may contact The Department of Revenue at 573-751-9268. **If your business does not make retail sales, it is not required to present a statement of no tax due.**
6. If massages are performed at this business, each massage therapist shall provide to the City a copy of their State business license which is required by Section 324.247, RSMo.
7. License fee of \$25.00 (made payable to “City of Wentzville”) has been paid in full. If you would like to pay with a Visa or MasterCard you may call City Hall at 636-327-5101 to make your payment.
8. **Businesses that are not in compliance by March 1<sup>st</sup> of each year with a current, validly issued business license will be considered delinquent and subject to a penalty of \$25.00. (Ordinance No. 3268), approved January 16, 2013.)**

**\* No guarantee of issuance with payment**

**Section 3.** Please fill out this form completely, sign and return.

**Business Name:** \_\_\_\_\_ **Local Phone Number:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Business Email Address:** \_\_\_\_\_



EMERGENCY CONTACT INFORMATION  
FOR  
WENTZVILLE BUSINESSES

**CONFIDENTIAL**

Please fill out this form completely and return with your business license application.

Date: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

#1 Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

#2 Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Night Light                      Yes                      No

Strong Box                        Yes                      No

Safe                                Yes                      No

Alarm                                Yes                      No

Type of Alarm \_\_\_\_\_

Company that installed and/or maintains alarm system \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you have private security on the premises?    Yes                      No

If so, what company? Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

What hours are security guard(s) present? \_\_\_\_\_

Remarks: \_\_\_\_\_

Information received by: \_\_\_\_\_ Date: \_\_\_\_\_