

<b>FOR CITY USE ONLY - Planning Dept Approval</b>		
Planner Signature: _____	Zoning District: _____	Approval Date: _____
Business Hour Restrictions: Y / N		

**2022-2023**  
**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



**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 30<sup>th</sup> of each year. Renewals are due by July 1<sup>st</sup> and penalties apply after July 31<sup>st</sup>.

**IMPORTANT – PLEASE NOTE** – It is a St. Louis County requirement that an OCCUPANCY PERMIT be obtained prior to occupying and conducting business in a new space. 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):

07/01/2022 to 09/30/2022 = 100% \_\_\_\_\_      10/01/2022 to 12/31/2022 = 75% \_\_\_\_\_  
 01/01/2023 to 03/31/2023 = 50% \_\_\_\_\_      04/01/2023 to 06/30/2023 = 25% \_\_\_\_\_

**Seasonal Business** - Opening: \_\_\_\_\_ Closing: \_\_\_\_\_

**Computation of Fee: (Select ONE 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 \_\_\_\_\_ % = \$ \_\_\_\_\_

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 \_\_\_\_\_

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

- 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 all 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 \_\_\_\_\_

**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.

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

**Re-Occupancy Application Instructions for  
City of Chesterfield**  
*(Required by St. Louis County Department of Public Works  
Division of Code Enforcement)*

A **Certificate of Use and Occupancy** (sometimes referred to as an Occupancy Permit) is **required prior to moving into a vacant tenant space or building and prior to start of business.** The re-occupancy application and inspection process may be used if your proposed use of the space or building is the same as the previous use and you plan on moving into the vacant tenant space or building in its existing condition without doing any renovations (other than painting, carpeting and similar cosmetic work) to the space or building.

**COMPLETE** all information accurately. This will aid in avoiding unnecessary delays in processing your application.

Under section marked “Proposed Use” please be very specific in your description. **Example:** If the building or tenant space is to be used for a sales operation, will it be wholesale or retail sales. What types of merchandise or products will you be selling. Or, if you plan on using the building or tenant space for storage, what type of materials or products do you intend to store - furniture, paint, equipment, clothing, etc.

**SUBMIT** your completed original Re-Occupancy Permit application to:

**City of Chesterfield**  
**690 Chesterfield Parkway West**  
**Chesterfield, MO 63017**

**REVIEW** of the Re-Occupancy Permit application will be performed by the Chesterfield Planning Department. Once they have approved the application, they will send an email to you (the applicant) with notice that it’s ready for pick-up at the front desk of Chesterfield City Hall.

**TAKE IT** to St. Louis County (41 S. Central Avenue, Clayton, MO 63105) along with their required check of \$126.00 made payable to Treasurer-St. Louis County (re-occupancy application permit **fees are non-refundable**). They will instruct you on what to do next in order to schedule your inspections.

**IF YOU CHOOSE TO MAIL** your application and check to St. Louis County... you will need to contact them about 4-5 business days after mailing to **SCHEDULE** your inspections. Call **St. Louis County Commercial Inspections** at 314-615-7140, Monday thru Friday between 7:30 AM to 9:00 AM to schedule your inspections.

Should you have any questions regarding these instructions or the application, please contact the Chesterfield Planner of the Day at 636-537-4733.



41 S. CENTRAL AVENUE  
CLAYTON, MISSOURI 63105

DATE \_\_\_\_\_  
LOCATOR # \_\_\_\_\_  
PERMIT # \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_  
FEES PAID \$ \_\_\_\_\_  
RECEIVED BY \_\_\_\_\_

**APPLICATION FOR RE-OCCUPANCY PERMIT**

BUILDING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
FIRE DISTRICT \_\_\_\_\_ MUNICIPALITY \_\_\_\_\_  
PROPOSED TENANT (Company Name) \_\_\_\_\_  
PROPOSED TENANT (Individual Name) \_\_\_\_\_  
PROPOSED USE \_\_\_\_\_ SQ/FT. TENANT SPACE \_\_\_\_\_  
PRIOR USE \_\_\_\_\_ SQ/FT. BUILDING \_\_\_\_\_  
BUILDING OWNER \_\_\_\_\_ OWNER PHONE # \_\_\_\_\_  
BUILDING OWNER ADDRESS \_\_\_\_\_  
NUMBER OF PARKING SPACES \_\_\_\_\_ IF PARKING LOT, PAVED \_\_\_\_\_ UNPAVED \_\_\_\_\_

**SIGNS – A PERMIT MUST BE OBTAINED FOR ALL CHANGES AND NEW SIGNAGE.**

The undersigned herewith applies for an occupancy permit for the above-described premises under the terms of the St. Louis County Building Code. The permit fee must accompany this application. If the building is in a municipality, written approval must be obtained from that municipality prior to submitting application. (NOTE: Have the municipal official fill out and approve in Zoning Inspection portion). This application is not a permit and premises shall not be occupied until an inspection is made and all discrepancies (if any) are corrected. Application fee is not refundable.

APPLICANT SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I certify that I am the owner in fee or agent authorized to apply for this permit; that I am authorized to and do consent to entry onto the premises by St. Louis County employees for inspections of the premises.

APPLICANT ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT EMAIL ADDRESS **REQUIRED** \_\_\_\_\_

**FOR OFFICE USE ONLY**

ZONING INSPECTION \_\_\_\_\_

ZONED \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

ZONING SIGNATURE \_\_\_\_\_

**INSPECTION:**

NUMBER OF OCCUPANTS \_\_\_\_\_ TYPE OF CONSTRUCTION \_\_\_\_\_ FLOORS \_\_\_\_\_

COMMENTS \_\_\_\_\_

INSPECTOR ASSIGNED \_\_\_\_\_ INSPECTOR SIGNATURE \_\_\_\_\_

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ SUPERVISOR'S SIGNATURE \_\_\_\_\_