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Approval:	
Zoning Administrator Zoning Class:	Date

## **Chesterfield Business Relocation Form**

Name of Business:			
Business License Number:	Date of Relocation:		
Chesterfield Business Address You Are Moving <b>From</b> :			
Chesterfield Business Address You are R	elocating To:		
Mailing Address (address to which <u>all</u> cor	respondence, licenses and renewal notices will be sent)		
Square Footage of New Business Location:	Fed Tax ID # State Tax ID #		
Description of Business:			
Contact Person:			
Current Phone Number:	Current Fax Number:		
Email address (for city use only):			
Authorized Signature	Printed Name & Title		

Completed relocation form can be mailed to the address below, emailed to licensing@chesterfield.mo.us or faxed to 636-537-4798.

City of Chesterfield 690 Chesterfield Parkway West Chesterfield, MO 63017 Attn: Business License

If you have any questions regarding the Relocation Form, please contact the Business Assistance Coordinator at 636-537-4714 or licensing@chesterfield.mo.us

\*Reminder – It is required that an occupancy permit be obtained from the St. Louis County Department of Public Works prior to occupying a new space. If you have questions regarding occupancy permits, please call the Chesterfield Planning Dept at 636-537-4733.