

FOR CITY USE ONLY - Planning Dept Approval

Planner Signature: _____

Zoning District: _____

Approval Date: _____

Business Hour Restrictions: Y / N

2023-2024

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 30th of each year. Renewals are due by July 1st and penalties apply after July 31st.

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):

07/01/2023 to 09/30/2023 = 100% _____

10/01/2023 to 12/31/2023 = 75% _____

01/01/2024 to 03/31/2024 = 50% _____

04/01/2024 to 06/30/2024 = 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 _____ % = \$ _____

Minimum License Fee - \$25

Maximum License Fee - \$10,000

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 _____

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 the City of Chesterfield

(Required by St. Louis County Department of Public Works Division of Code Enforcement)

Step 1

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.

Step 2

PROCEDURES FOR ST. LOUIS COUNTY

The St. Louis County Satellite Offices (North, South and West) are closed to all persons except designated employees. No business may be transacted at any of those satellite offices. If you have any questions regarding re-occupancy, please contact **314-615-5184**.

Applications for Commercial Re-Occupancies

Please print and complete the re-occupancy application with approval from the City of Chesterfield. Once completed, scan the application and email it to permits@stlouiscountymo.gov. Once the Permit Clerk processes the application, you will be contacted and asked for payment via credit card. Once the application has been paid for, you will be contacted with additional information.

[Re-Occupancy Permit Applications - St. Louis County Website \(stlouiscountymo.gov\)](http://stlouiscountymo.gov)

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 _____