

FEE \$20.00
Please print

CITY OF NEW MELLE
BUSINESS LICENSE APPLICATION

License No. 18-

1. _____
Name of Business Business Phone
2. _____
Business E-Mail Address Website Address
3. _____
Business Physical Address
4. _____
Business Mailing Address
5. _____
Name & Address of Business Owner Home Phone
6. _____
Name & Address of Property Owner Phone
7. _____
Name of Local Manager Emergency Phone
8. _____
Type of Business (Manufacturing, Trade, Services, Office, Warehouse, Entertainment/Recreation, Other)

Attach Copies of:

- MO Retail Sales Tax License stating you are in the City Limits of New Melle**
(Required for all retail businesses that sell product(s) subject to sales tax.) **MO Retail Sales Tax Number** _____
- Provide the following documentation from St. Charles County Collector of Revenue (636-949-7470)**
 - Real Property Tax Receipt**
 - Personal Property Tax Receipt or Waiver**
- The "Business Emergency Contact Form" located on the back of this form must be completed prior to a license being issued**
- No Tax Due Letter from the Missouri Department of Revenue (573-751-9268)**
Cities are not permitted to issue business licenses without this form of verification. If your business does not make retail sales, please sign here: _____

I hereby certify, by my signature below, that the Representations on this application are true to the best of my knowledge and belief.

Signature of Officer, Owner or Authorized Person
(Name will appear on license)

Printed Name of Individual

Date

To be filed with: City of New Melle, Attn: City Clerk, PO BOX 114, New Melle, MO 63365.
*Allow thirty (30) days for processing. Your license will be mailed to the address you have provided. All Business Licenses expire December 31st each year and must be renewed for the following year. ***Incomplete Applications Will Not Be Accepted****

FOR OFFICE USE ONLY

Property Zoned _____ Permitted or Conditional Use _____
Has Occupancy Inspection been approved _____
Are signs to be installed _____ (if so, Permit Needed)
Is any tenant build out or remodeling to be done? _____ (if so, Permit Needed)
Stormwater Discharge Ranking: 1 2 3 _____
Signature

City of New Melle Business Emergency Contact Form

The information contained on this form will be kept confidential and will be used when an emergency or unusual situation arises at the business indicated. Persons listed on the form should be those that have keys and a working knowledge of the alarms (if any), business layout and business operation. A copy of this form will be provided to the St. Charles County Police Department and the New Melle Fire Protection District. Please list people who can respond in a reasonable amount of time. **Please be aware that you will not receive a Business License without completing and attaching this form to your Business Application or Renewal Form.**

Please print or type:

Business Owner's Name _____

Business Name _____

Business Address _____

Alarm Company (if equipped) _____

Alarm Company Phone (_____) _____

Contact Personnel in Order:

Call First:

Name: _____ Phone: (_____) _____

Then Try:

Name: _____ Phone: (_____) _____

Next Try:

Name: _____ Phone: (_____) _____

Any special notes or considerations (Dogs, Chemicals, Hazardous areas, etc.)
