



City of Lake Saint Louis, 200 Civic Center Drive, Lake Saint Louis, Mo 63367
 Telephone: 636-625-1200 Fax: 636-625-4229 Web Site: www.lakesaintlouis.com

The following are required prior to issuance of any license:

- 1) In accordance with Title VI, Chapter 605, Article I, Section 605.010 of the Lake Saint Louis City Code, "It shall be unlawful for any person, either directly or indirectly, to conduct any business, trade, location, calling or occupation in whole or in part for which a license or permit is required until said license having been first procured and thereafter kept in effect at all times as required by this Article." City of Lake Saint Louis Business Licenses are renewable before July 1st each year. Multiple locations require multiple licenses.
- 2) If you are located within the City limits your location requires physical inspection by a Lake Saint Louis Building Inspector that this business meets City Zoning and Building Codes. The City's Community Development Department is located at the address listed above, or you may call the above number to schedule an inspection.
- 3) All debts owed the City must be paid by the applicant. The City Collector's Office is located at the above address.

1. Type of Application (check all that apply)

- | | | | |
|---|--|---|---|
| App Type | | Other | |
| <input type="checkbox"/> New Business | <input type="checkbox"/> Name change | <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Other Contractor |
| <input type="checkbox"/> Ownership change | <input type="checkbox"/> Location change | <input type="checkbox"/> Food prep/sales | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> General Contractor | |

2. Business Information

Common Name or DBA: _____
 (Name to be on Business License)

Legal/Corporation Name (if different): _____

Missouri State Sales Tax#: _____ Website: _____

Business Address: _____

City/State/Zip: _____

Business Phone: _____ Business FAX: _____

Mailing Address (if different from above): _____

City/State/Zip: _____ Email: _____

Type of Business: _____ Number of Paid Employees: _____

3. Business Owner Information (if more than one owner additional information to be attached)

Name of sole owner, primary partner, or president: _____ Title: _____

Address (if different from above): _____ Phone: _____

City/State/Zip: _____ Email: _____

Name and Title of person to be on Business License (if other than Owner: _____

Address where Business License should be mailed: _____

City/State/Zip: _____ Date of Birth: _____

4. This Checklist of Submittals and the Items Listed Must be Included with the Application and Fee and Furnished to the City Clerk's Office.

For more information about the requirements below, visit www.lakesaintlouis.com

ALL APPLICANTS:

- Completed and Signed Application
- License Fee (visit www.lakesaintlouis.com, City Code Chapter 605, Section 605.160)

The information below is required for the following type of businesses, in addition to the information above.

NEW BUSINESSES WITHIN THE CITY (or businesses with change in ownership or location):

- Copy of Emergency Contact Information Form

RETAIL SALES (for all businesses where goods are sold at retail):

- Missouri Tax ID Number
- Copy of Missouri Retail Sales License
- No Tax Due Statement (Not More than 90 Days Old and Doing Business in City of Lake Saint Louis)

FOOD SALES (all businesses preparing/selling food):

- Copy of Saint Charles County Health Department Permit
- Missouri Tax ID Number
- Copy of Missouri Retail Sales License
- No Tax Due Statement (Not More than 90 Days Old and Doing Business in City of Lake Saint Louis)

CONTRACTORS:

- Copy of Current Worker's Compensation Coverage (Listing **The City of Lake Saint Louis, 200 Civic Center Drive, Lake Saint Louis, MO 63367** as the Certificate Holder) or Affidavit of No Coverage (Required by RSMo 287.061)

ARBORIST:

- Completed Annual Arborist License Application
- Copy of Current Liability Coverage (Listing **The City of Lake Saint Louis, 200 Civic Center Drive, Lake Saint Louis, MO 63367** as the Certificate Holder)
- Proof of ISA Certification

5. Acknowledgements and Authorization Signature

I, the undersigned, do hereby authorize submittal of the application and associated documents and certify and affirm by my signature all information I have provided herein is true and correct. I do hereby agree to comply with all applicable Lake Saint Louis Municipal Codes including Chapter 217 Smoking Regulations and conditions of approval. I further understand that any violations from the provisions of said codes or conditions of approval may constitute cause for the retraction of this license, and enforcement and penalties as prescribed by the Lake Saint Louis Municipal Code shall be applied. I understand that this application is non-transferable and that changes may require submittal of a new application. I understand that in any case this application must be renewed annually.

I, _____ further certify that I will comply with all State and Federal laws, specifically as they pertain to illegal immigrants.

Business Owner (printed name): _____ Title: _____

Signature: _____ Date: _____

For City Use Only

Received By: _____ Date: _____

Fee: \$_____ Inspection Fee: _____ Check No.: _____

Status of Taxes: Paid: _____

Approval of Tax Collector: _____ Date: _____

Approved by P&Z Dept. (Zoning): _____ Date: _____

Premises inspected: _____
Date Signature of Building Inspector

Building APPROVED: _____

LICENSE: APPROVED: _____ DATE: _____

Signature of License Officer