

## **Business License Application Information**

- All businesses requesting a license will submit their license application to the Business License Clerk.
- Business license applications will be forwarded to the Mayor and Board of Aldermen for review
- Once all requirements are met the license will be issued within 10 business days.
- Once approval is granted you will receive an invoice stating the type of business license you are approved for, and your license fee.
- Once your fee has been paid your business license will be issued.
- Please make sure all sections of the application are completed.
- The applications will also be reviewed for zoning, Commercial Re-occupancy applications will also need to be filed with the Public Works Department. Please contact Trish Moore for assistance with this.

**\*\*\* If you would like your Business to be profiled in the Sunset Hills Newsletter please contact Lori Stone at 314-849-3400 ext 2248 or at [lstone@sunset-hills.com](mailto:lstone@sunset-hills.com) or Alderman Scott Haggerty at 314-843-0330 or e-mail [scott@scott-haggerty.com](mailto:scott@scott-haggerty.com) .**

# CITY OF SUNSET HILLS

3939 SOUTH LINDBERGH BOULEVARD  
SUNSET HILLS, MISSOURI 63127

PHONE: (314) 849-3400

FAX: (314) 849-8110

## BUSINESS LICENSE APPLICATION

BUSINESS NAME \_\_\_\_\_

DBA \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUNSET HILLS, MO ZIP \_\_\_\_\_ - \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

COMPANY OFFICERS:	TITLE	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS OWNERSHIP:  INDIVIDUAL  PARTNERSHIP  CORPORATION

NATURE OF BUSINESS \_\_\_\_\_

OPENING DATE \_\_\_\_\_ MISSOURI SALES TAX ID NO. \_\_\_\_\_

LICENSE REQUIRED:  
(IF IN DOUBT, CALL 849-3400  
FOR CLARIFICATION)

- BUSINESS (ANNUAL FEE – SQUARE FOOTAGE)
- MERCHANT (FEE BASIS – GROSS RECEIPTS)
- MANUFACTURER (FEE BASIS – GROSS RECEIPTS)
- OTHER (SPECIFIC ANNUAL FEE)

PARTY REQUESTING LICENSE: \_\_\_\_\_ DATE \_\_\_\_\_

NAME: \_\_\_\_\_ COMPANY TITLE: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PHONE (BUSINESS) \_\_\_\_\_ (HOME) \_\_\_\_\_

RESPONSIBLE OWNER, PARTNER OR CORPORATION OFFICER AUTHORIZING THAT ALL INFORMATION PROVIDED ON BOTH SIDES OF THIS FORM IS CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (BUSINESS) \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_

OFFICE USE ONLY: CLASSIFICATION \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_ WC INS \_\_\_\_\_

ZONING CLASSIFICATION AND APPROVAL \_\_\_\_\_

**ADDITIONAL BUSINESS INFORMATION (REQUIRED)**

1. BUSINESS ADDRESS FOR APPLICANT FIRM PRIOR TO THE ADDRESS SHOWN ON THIS APPLICATION

\_\_\_\_\_  
STREET CITY STATE ZIP

2. BUSINESS NAME IF DIFFERENT THAN SHOWN ON THIS APPLICATION

\_\_\_\_\_

3. IS THE APPLICATION FOR A FRANCHISED OWNERSHIP?  YES  NO. IF "YES", PLEASE PROVIDE LEGAL NAME OF THE OWNER PLUS ADDRESS AND PHONE NUMBER.

\_\_\_\_\_  
\_\_\_\_\_

4. EXACT AREA YOUR BUSINESS WILL OCCUPY \_\_\_\_\_ SQUARE FEET

5. ESTIMATED ANNUAL GROSS RECEIPTS \$ \_\_\_\_\_ 6. NO. OF EMPLOYEES \_\_\_\_\_

7. PLANNED BUSINESS HOURS

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

\_\_\_\_-\_\_\_\_ \_\_\_\_-\_\_\_\_ \_\_\_\_-\_\_\_\_ \_\_\_\_-\_\_\_\_ \_\_\_\_-\_\_\_\_ \_\_\_\_-\_\_\_\_ \_\_\_\_-\_\_\_\_

8. IS THE BUSINESS NAME ON THIS APPLICATION A SUBSIDIARY OF A FIRM OPERATING IN THE ST. LOUIS AREA OR ELSEWHERE?  YES  NO IF "YES", PLEASE PROVIDE:

PARENT COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RESPONSIBLE OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

**INSTRUCTIONS**

1. FAILURE TO COMPLETE ALL PAGES OF THIS APPLICATION MAY DELAY APPROVAL OF A LICENSE. IF YOU HAVE QUESTIONS PLEASE CALL LORI STONE AT (314) 849-3400. THE COMPLETED APPLICATION, A COPY OF WORKERS' COMPENSATION INSURANCE (IF REQUIRED) AND THE POLICE DEPARTMENT EMERGENCY CONTACT FORM MUST BE RETURNED TO THE LICENSE CLERK (10) TEN WORKING DAYS PRIOR TO LICENSE ISSUANCE. ALL APPLICATIONS WILL BE FORWARDED TO THE MAYOR AND BOARD OF ALDERMEN FOR REVIEW.
2. AS AN APPLICANT FOR A LICENSE, YOUR FIRM IS ALSO REQUIRED TO HAVE PROPER ZONING AND OCCUPANCY APPROVAL .

**ARE YOU REQUIRED TO COVER YOUR WORKERS' COMPENSATION LIABILITY UNDER CHAPTER 287 R.S.MO.?**

YES  NO IF YOU CHECKED "YES" YOU MUST SUBMIT A COPY OF THE CERTIFICATE OF INSURANCE FOR WORKERS' COMPENSATION OR YOUR BUSINESS LICENSE WILL NOT BE GRANTED.

# SUNSET HILLS POLICE DEPARTMENT

3905 SOUTH LINDBERGH BOULEVARD

849-4400 FAX: 849-4403

## EMERGENCY CONTACT INFORMATION

**THIS INFORMATION IS CONFIDENTIAL FOR POLICE USE ONLY**

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUITE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SAFE: YES / NO

### HOURS OF OPERATION

SUNDAY      MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY      SATURDAY

\_\_\_\_\_-\_\_\_\_\_-      \_\_\_\_\_-\_\_\_\_\_-      \_\_\_\_\_-\_\_\_\_\_-      \_\_\_\_\_-\_\_\_\_\_-      \_\_\_\_\_-\_\_\_\_\_-      \_\_\_\_\_-\_\_\_\_\_-      \_\_\_\_\_-\_\_\_\_\_-

CONTACT NAME:

ADDRESS

PHONE NO.

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

ALARM COMPANY: \_\_\_\_\_

PHONE \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: CONTACT INFORMATION SHOULD CONTAIN HOME ADDRESS AND PHONE NUMBERS, ALSO PLEASE PROVIDE PAGER AND/OR MOBIL PHONE NUMBERS IF POSSIBLE. IF YOUR BUSINESS IS LOCATED IN A MULTI-BUSINESS BUILDING, PLEASE PROVIDE BUILDING OWNER/MANAGEMENT COMPANY NAME AND PHONE NUMBER.

IF AT ANY TIME THERE IS A CHANGE IN THE CONTACT, PLEASE FAX OR MAIL INFORMATION TO THE POLICE DEPARTMENT IMMEDIATELY