



## **Business License Application Information**

- All businesses requesting a license will submit their license application to the Deputy City Clerk Lori Stone. [Lstone@sunset-hills.com](mailto:Lstone@sunset-hills.com) 314-272-2463
- All applications are reviewed for zoning. Commercial Occupancy and/or Re-occupancy applications will need to be filed with the Public Works Department. Business Licenses will not be issued until Occupancy has been applied for. Please contact Planning and Zoning Assistant, Sarina Cape for assistance with this [scape@sunset-hills.com](mailto:scape@sunset-hills.com) 314-272-2455
- Business license applications are forwarded to the Mayor and Board of Aldermen for review
- When all requirements are met and 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 note all sections of the application must be completed in order to process your license
- Normal processing time is 10 business days.



3939 SOUTH LINDBERGH BOULEVARD
SUNSET HILLS, MISSOURI 63127

PHONE: (314) 849-3400
FAX: (314) 849-8110
www.sunset-hills.com

BUSINESS LICENSE APPLICATION

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

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

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

BUSINESS WEBSITE ADDRESS: \_\_\_\_\_

Table with 3 columns: COMPANY OFFICERS, TITLE, PHONE. Three rows for officer information.

BUSINESS OWNERSHIP: INDIVIDUAL [ ] PARTNERSHIP [ ] CORPORATION [ ]

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

OPENING DATE IN SUNSET HILLS : \_\_\_\_\_

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

TAXPAYER ID # OR SSN#: \_\_\_\_\_

MISSOURI SECRETARY OF STATE REGISTRATION NUMBER: \_\_\_\_\_

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 \_\_\_\_\_ BOA APPROVAL DATE \_\_\_\_\_ WC INS \_\_\_\_\_

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

DO YOU LEASE OR RENT YOUR PROPERTY? NO \_\_\_\_\_ -YES \_\_\_\_\_ (If yes, please fill in the property owner's information)

PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY OWNER'S ADDRESS \_\_\_\_\_

PROPERTY OWNER'S CITY, STATE AND ZIP CODE \_\_\_\_\_

PROPERTY OWNER'S PHONE NUMBER \_\_\_\_\_

**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 \_\_\_\_\_

**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.

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 BOTH SIDES 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 YOUR WORKERS' COMPENSATION INSURANCE (IF REQUIRED) AND THE POLICE DEPARTMENT EMERGENCY CONTACT FORM MUST BE RETURNED (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
3. A COPY OF YOUR CERTIFICATE OF REGISTRATION WITH MISSOURI SECRETARY OF STATE IS REQUIRED BEFORE ISSUANCE OF YOUR BUSINESS LICENSE.

# 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.

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