



# WILDWOOD

City of Wildwood  
16860 Main Street  
Wildwood, MO 63040  
(636) 458-0440

# 2018 - 2019 LICENSE **RENEWAL** FOR HOME OCCUPATION BUSINESSES

Please submit completed application along with your check in the amount of \$25.00 made payable to the "City of Wildwood." Acceptance and negotiation of your payment is not an acknowledgement of the City that a license will be granted; no that the business complies with the City of Wildwood's Code. If the license is denied, the fee will be refunded. All licenses expire June 30<sup>th</sup> of each year.

Fee: **\$25.00** Penalty: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_

**License Fee is a Flat Rate of \$25.00**

FOR CITY USE ONLY	
Zoning Class	
Locator #	

### OFFICIAL BUSINESS NAME & "DOING BUSINESS AS" NAME

Legal Business Name	
D/B/A	(This is the name will appear on your license.)

### WILDWOOD LOCATION - Physical Address, Phone Number and Contact Information

Street Address		Phone #	
City	State	Zip Code	
Contact Person		Title / Dept.	
Public Email			
Website Address			
Contact Preference for Information on City Events/Business Opportunities			
Email Address for Information on City Events (if applicable)			
Include business on the City of Wildwood ON-LINE Business Directory			
Additional Home Occupation Businesses operate out of this location			

### LICENSE RENEWAL - Mailing Address, Phone Number and Contact Information

Street Address		Phone #	
City	State	Zip Code	
Renewal Contact Person		Title / Dept.	
Renewal Contact Email			
License Renewal Notification Preference (for future years)			No Preference

### BUSINESS OWNER / PRINCIPAL OFFICER - Mailing Address, Phone Number and Contact Information

Street Address		Phone #	
City	State	Zip Code	
Owner/Officer Name		Title / Dept.	
Owner/Officer Email			

### PROPERTY OWNER - Mailing Address, Phone Number and Contact Information

Street Address		Phone #	
City	State	MO	Zip Code
Company/Firm/Owners			
Property Owner Contact Person		Title / Dept.	
Property Owner Email			

### ALARM COMPANY - Mailing Address, Phone Number and Contact Information

Business/Home has an active Alarm System			
Company/Firm that installed, repairs, and/or maintains your system			
Street Address		Phone #	
City	State	Zip Code	
Alarm Company Contact		Title / Dept.	
Alarm Company Email			

**GENERAL BUSINESS INFORMATION**

<b>Date Business Began/Will Begin Operation in Wildwood</b> <b>xx / xx / xxxx</b>			
<b>Federal Employer ID #</b> xx - xxxxxxxx			<b>Type of ID provided by applicant</b>
<b>-OR-</b>			
<b>Business Owner ID #</b> State Issued / SSN			<b>State ID Used</b>
<b>Does your business conducts retail sales</b>		<b>MO Sales Tax # (8-Digits)</b>	
<b>Waste/Trash Collection Service Company used by the Business/Homeowner</b>			
<b>Firearms Sales are conducted by the Home Occupation Business</b>			
<i>If you do not know whether or not your business is subject to retail sales tax, or need to register for a sales/use tax # contact the MO Dept. of Revenue by visiting <a href="http://www.dor.gov/business/sales">www.dor.gov/business/sales</a>, sending an email to <a href="mailto:salesuse@dor.mo.gov">salesuse@dor.mo.gov</a>, or calling (573) 751-2836.</i>			
<b>Detailed description of business, trade, or occupation:</b>			(This is what will appear on your license)

**EMPLOYEE INFORMATION**

<b>Owner/Operator is only Employee of Business</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
<b>Other members of your household are employed by the Business</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>Other people employed by the Business who do NOT reside on the premises</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>Are employees who do NOT reside on the premises engaging in any employment responsibilities at you residential business location?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If "YES" please explain:</b>			
<b>Total Employees of Home Occupation Business</b>	<b>Full-Time</b>		<b>Part-Time</b>

**BUSINESS OWNER/OFFICER AGREEMENT**

The Applicant attests, under penalty of perjury, that the information on this form is true, correct, and complete to the best of their knowledge, information, and belief. If required, the Applicant hereby agrees to provide additional information necessary to perform a criminal records check to verify the information entered on this form. Additionally, by signing below here, the Applicant verifies compliance with the following requirements of the Zoning Code for the City of Wildwood relating to home occupations:

- There are no signs, nor any display, that will indicate from the exterior of the building that it is being utilized, in whole or in part, for any purpose other than that of a single family dwelling.
- There is no stock in trade of commodity sold upon the premises.
- No patrons (including customers, clients, students, or suppliers) come to the property for any purpose relating to the home occupation.
- No person is employed to work for the business listed on this application, at the business location address, other than a member of the family residing on the premises.
- No mechanical equipment is used, except such as is customary for purely domestic or household purposes.

PLEASE NOTE: If you are unable to comply with the requirements listed above here or have questions concerning said requirements, please contact the City of Wildwood Department of Planning for clarification before submitting your license application.

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please PRINT LEGIBLLY Name of the Business Owner

**FOR CITY USE ONLY**

<b>Finance Department</b>		<b>Automatic Renewal</b>
_____ Finance Officer -OR- Account Clerk	_____ Date	
<b>Planning Department Review (if required)</b>		<b>Approved</b> <input type="checkbox"/>  <b>Denied</b> <input type="checkbox"/>
_____ Zoning Administrator	_____ Date	