

**FEE \$20.00**  
Please print

**CITY OF NEW MELLE**  
**BUSINESS LICENSE APPLICATION**

License No.  14-
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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: Stacey Decker, 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 31<sup>st</sup> 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 New Melle Police Department. 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.)

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