

CITY OF ARNOLD, MISSOURI  
 IN TOWN BUSINESS LICENSE APPLICATION  
 FOR LICENSE YEAR 9/01/2016 – 8/31/2017  
 PLEASE MAKE CHECKS PAYABLE TO: *City of Arnold*  
 RETURN COMPLETED APPLICATION TO:  
 City Clerk's Office, 2101 Jeffco Blvd., Arnold, MO 63010  
 Phone 636-296-2100 Fax 636-282-2392

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BUSINESS OR TRADE NAME: \_\_\_\_\_

NAME OF OWNER/PERSON TO APPEAR ON LICENSE: \_\_\_\_\_

BUS. LOC. ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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

BUSINESS PHONE: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_ INDIVIDUAL, \_\_\_ PARTNERSHIP, \_\_\_ CORP., \_\_\_ LLC

NUMBER OF INDIVIDUALS COVERED UNDER THIS APPLICATION: \_\_\_\_\_  
 (MUST INCLUDE ANYONE ASSOCIATED WITH THE BUSINESS)

**FEE SCHEDULE BASED ON NUMBER OF PEOPLE ASSOCIATED WITH THE BUSINESS**

0 TO 1	\$ 50.00	21 TO 75	\$ 500.00
2 TO 5	\$ 100.00	MORE THAN 75	\$1,000.00
6 TO 20	\$ 200.00		

I HEREBY CERTIFY THE FOREGOING IS A TRUE STATEMENT.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF APPLICANT \_\_\_\_\_

\*\*\*IF YOUR BUSINESS CHARGES SALES TAX YOU MUST INCLUDE A CERTIFICATE OF NO TAX DUE FORM FROM THE MISSOURI DEPARTMENT OF REVENUE\*\*\*

**SALES TAX ID NUMBER:** \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

MONIES DUE: SEWER/STORM ACCT NO: \_\_\_\_\_ SS/NID ACCT NO: \_\_\_\_\_

CERTIFICATE OF INSURANCE: \_\_\_\_\_ BLDG DEPT: \_\_\_\_\_

CERTIFICATE OF NO TAX DUE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CASH/CHECK/CHARGE

\*\*\*\*\*



City of Arnold

Community Development Department

2101 Jeffco Boulevard

Arnold, Missouri 6301

(636) 282-2378

(636) 296-0596

(636) 282-6677 (fax)

**NON-RESIDENTIAL OCCUPANCY**  
**PERMIT APPLICATION**

I hereby request a permit for the business named below to occupy the **premises located at:**

\_\_\_\_\_

**Date of Proposed Occupancy:** \_\_\_\_\_ **Lease:** \_\_\_\_\_ **Purchase:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Occupant:** \_\_\_\_\_

Business Name

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Check One:** Stand Alone Building: \_\_\_\_\_ Strip Store: \_\_\_\_\_ Other: \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

\*\*\*\*\*

I certify that the answers contained herein are true and accurate in all respects to the best of my knowledge and belief.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application for a Business License must be applied for at the City Clerk's Office.**

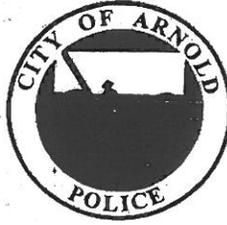
*The city's inspection of premises is a minimum maintenance inspection. It does not replace the purchaser's own obligation to be satisfied with the structure being purchased or to undertake any private inspections the purchaser may desire. The city is not and cannot be liable for any deficiencies that may be discovered after the purchaser occupies the premises.*

# CITY OF ARNOLD, MISSOURI

## POLICE DEPARTMENT

2101 Jeffco Blvd.  
Arnold, MO 63010

PHONE:  
(636) 296-3204  
FAX:  
(636) 282-2381



Robert T. Shockey  
Chief of Police

The information below is requested so we may provide you with the best possible service, should an emergency arise concerning your business after normal hours.

Please complete the following and return it to the Arnold Police Department Communications Division as soon as possible.

\*\*\*\*\*PLEASE PRINT\*\*\*\*\*

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

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

BUSINESS PHONE NUMBER: \_\_\_\_\_

IS THE BUILDING PROTECTED BY AN ALARM SYSTEM:      YES              NO (CIRCLE ONE)

WILL THE ALARM AUTOMATICALLY RESET:              YES              NO (CIRCLE ONE)

NAME OF ALARM COMPANY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

OWNER OF BUSINESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

Please list below the person(s) you wish contacted in case of emergency. Please be sure these people have access to the building. The dispatcher will call the first person on the list and continue until someone has been contacted.

**IF AT ANY TIME ONE OF THE NAMES NEEDS TO BE CHANGED/REMOVED FROM THE LIST, PLEASE NOTIFY THIS DEPARTMENT AS SOON AS POSSIBLE.**

1. NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

Please return to:

ARNOLD COMMUNICATIONS DIVISION  
ARNOLD POLICE DEPARTMENT  
2101 JEFFCO BOULEVARD  
ARNOLD, MO 63010