



CITY OF ARNOLD, MISSOURI
IN TOWN BUSINESS LICENSE APPLICATION / RENEWAL
FOR LICENSE YEAR 9/01/2020 - 8/31/2021

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

APPLICATION MUST BE COMPLETED IN FULL-SEE REVERSE SIDE

NAME OF BUSINESS: _____
NAME OF OWNER/PERSON TO APPEAR ON LICENSE: _____
BUS. LOC. ADDRESS: _____
MAILING ADDRESS: _____
E-MAIL ADDRESS: _____
TYPE OF BUSINESS: _____ BUSINESS PHONE # _____
TYPE OF ORGANIZATION: ___ INDIVIDUAL, ___ PARTNERSHIP, ___ CORP., ___ LLC
NUMBER OF EMPLOYEES: _____

NON RETAIL ESTABLISHMENTS

Defined as: Any business wherein less than fifty percent (50%) of its annual revenue is subject to a sales tax as defined by the Missouri Revised Statutes

SQUARE FOOTAGE OF BUILDING (IF BUSINESS IS A NON-RETAIL ESTABLISHMENT) _____
LICENSE FEE \$ _____. (\$0.06 cents per square foot - \$100.00 minimum-\$50,000 maximum)

RETAIL ESTABLISHMENTS

Defined as: Any business wherein fifty percent (50%) or more of its annual revenue is subject to a sales tax as defined by the Missouri Revised Statutes

I, _____, the owner/operator of the above business, do solemnly swear upon my oath that the gross receipts for merchandise sold in the City of Arnold, Missouri during the period of January 1st through December 31st 2019 have amounted to \$ _____.

License Fee \$ _____. (\$1.00 per \$1,000/gross receipts fee - \$100.00 minimum-\$50,000 maximum)

Businesses that have not operated for the full twelve-month period must estimate the amount of gross receipts that the business would expect to experience for the period. At the end of the twelve-month period estimated, the City Clerk will adjust the license tax and refund any excess paid or bill for any deficiency.

DOES YOUR BUSINESS HAVE VENDING MACHINES: YES _____ NO _____

DOES YOUR BUSINESS SELL OR PLAN TO SELL ANY OF THE FOLLOWING:
PLEASE CHECK ALL THAT APPLY

____ ALCOHOL ____ VAPE PRODUCTS ____ CBD PRODUCTS
____ CIGARETTES/CIGARS/PIPES ____ MEDICAL MARIJUANA OR INFUSED PRODUCTS ____ E-CIGARETTES
____ ANY OTHER TYPE OF VAPE/E-CIG/MEDICAL MARIJUANA RELATED SUPPLIES OR PRODUCTS NOT INDICATED
ABOVE (PLEASE LIST) _____

MO SALES TAX ID NUMBER: _____

IF YOUR BUSINESS CHARGES SALES TAX YOU MUST INCLUDE A CURRENT CERTIFICATE OF NO TAX DUE FORM FROM THE MISSOURI DEPARTMENT OF REVENUE (May be obtained by calling Missouri Department of Revenue at 573-751-3505 or on their website www.dor.mo.gov)

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS A TRUE STATEMENT. I AM AWARE THAT FALSIFYING OR MISREPRESENTING ANY INFORMATION ON THIS APPLICATION WILL RESULT IN REVOCATION OF THE BUSINESS LICENSE. I AM ALSO AWARE THAT OPERATING IN VIOLATION OF ANY MUNICIPAL, STATE OR FEDERAL STATUTES WILL CAUSE REVOCATION OF THE BUSINESS LICENSE.

SIGNATURE OF APPLICANT _____ DATE _____

PRINT NAME OF APPLICANT _____

NEW BUSINESSES TO THE CITY OF ARNOLD WILL ONLY BE ISSUED A LICENSE AFTER THE BUSINESS HAS PASSED INSPECTIONS FROM BOTH THE BUILDING DEPARTMENT AND THE FIRE DEPARTMENT. CONTACT THE BUILDING DEPARTMENT AT 636-296-2100 (EXT. 2) TO SCHEDULE YOUR INSPECTIONS, IF YOU HAVE NOT ALREADY DONE SO. CONTACT THE FIRE DEPARTMENT AT 636-296-2211. (THIS DOES NOT APPLY TO BUSINESS LICENSE RENEWALS)

BUSINESSES SERVING FOOD REQUIRE APPROVAL OF THE JEFFERSON COUNTY HEALTH DEPARTMENT. CONTACT 636-789-3372.

FOR OFFICE USE ONLY:

MONIES DUE: MUNICIPAL SERVICES ACCT NO: _____ SS/NID ACCT NO: _____

CERTIFICATE OF INSURANCE: _____ INSPECTION COMPLETE _____

CERTIFICATE OF NO TAX DUE: _____

DATE RECEIVED: _____ AMOUNT PAID: _____ CASH/CHECK/CHARGE



CITY OF ARNOLD
2101 JEFFCO BLVD.
ARNOLD, MO 63010
636-282-2378
FAX: 636-282-6677

COMMERCIAL INSPECTION FOR OCCUPANCY

(PLEASE PRINT OR TYPE)

ADDRESS TO BE INSPECTED: _____
SQUARE FOOTAGE OF SPACE: _____

PROPERTY OWNER:

NAME: _____ PHONE NO.: _____

ADDRESS: _____

REASON FOR REQUEST: PURCHASING LEASING

I certify that I am the owner in fee, or an authorized agent of the owner and the property maintenance inspection is authorized by the owner. The undersigned agrees to comply with all City of Arnold Building and Zoning Laws and Regulations pertaining to the property maintenance inspection and agrees at any time to make all changes required by the Building Commissioner to conform to City Ordinance, Laws and Regulations.

INSPECTION FEE - \$75.00

Print Name

Signature

Email Address

Date

FOR OFFICE USE ONLY

UTILITY BILLING CHECK:
Current: _____ Owes: _____

Permit No.: _____

Inspection - Date: _____

Time: _____

2101 Jeffco Blvd.
Arnold, MO 63010

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

POLICE DEPARTMENT



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**