



Information Sheet and Check List for Opening a Business

Please review this form prior to opening your business to get a broad overview and better understanding of all the steps and details that are involve in opening a business. We suggest that you check off the various tasks as you complete them.

Zoning
I have met all zoning conditions. A Conditional Use Permit is not necessary or I have obtained one.
Notes: _____

Business License
I have applied for and completed all of the requirements for a business license.
Notes: _____

Home-Based Business
I understand all of the conditions that apply to the operation of a home-based business.
Notes: _____

Building Improvement/Construction Permits
I have obtained all permits for building renovations including building, plumbing, electrical, etc.
Notes: _____

Signage
I have obtained all permissions for a sign permit including approval by the Architectural Review Board (ARB) before ordering my sign.
Notes: _____

Occupancy Inspection
I have scheduled my occupancy inspection.
Notes: _____

Food-Related Business
I am in a food-related business and have contacted the St. Louis County Health Department to receive their approval.
Notes: _____

Alcoholic Beverages
I am serving alcoholic beverages and have obtained a liquor license.
Notes: _____

Other Requirements
I have obtained a sales tax number and am registered with the state of Missouri.
Notes: _____

1. Zoning Requirements

For Questions Call 314-963-5314

All property in the City is zoned as Residential, Commercial, or Industrial. With a few exceptions, businesses may not operate in a Residential Zone. Those exceptions include Home Occupations (see below) and day care centers.

Specific business uses are regulated differently in each commercial and industrial zone. There may be different parking, building placement, and landscaping requirements in a district. Some businesses are allowed “by right” in a district, but some require a Conditional Use Permits (CUP). You should contact the Planner to check these requirements.

2. Home-Based Businesses

For Questions Call 314-963-5314

You may operate a business out of your home, provided you have no employees or customers coming to your house, maintain no inventory, use no equipment not traditionally found in a home, have no signage, and there is otherwise no indication from the outside that a business is being conducted therein. A business license is required. Contact the Planner for more information.

3. Business License

For Questions Call 314-963-5300

A City-issued business license is required before a business can open. Application packets for business licenses are available online or at the Customer Service Desk in City Hall. Before the license is issued, the City must first review and approve the zoning, the occupancy inspection, fire department regulations, state sales tax and registration, and background checks.

The license fee is based upon the statement of gross receipts (money and other compensation received from business activity) from the previous year. Proof of income is not required, but can be requested any year the business is in operation for a random audit of license fees. Licenses expire December 31st and must be renewed annually.

4. Building Improvements/Construction Permits

For Questions Call 314-963-5325

The City of Webster Groves issues building, plumbing, electrical, and HVAC permits for any new construction and most interior renovations. New buildings and construction that alter the exterior of existing buildings must first be reviewed by the City’s ARB (Architectural Review Board). The ARB meets twice monthly to review construction projects and there are time requirements to be on the agenda.

Moving into an existing commercial space may involve some interior renovations and other improvements, based on the Building Code, which will require permits. The Permit Technician should be contacted to determine what permits your project might require, whether consultation with the Building Commissioner is advisable, and how long the review process may take once construction plans are filed.

It is advisable to do a conditional inspection before you sign a lease to ensure that requirements for your business are met and to determine whether it is your or your landlord’s responsibility for improvements.

5. Signage

For Questions Call 314-963-5314

The City's Sign Code regulates the size, type, and placement of all business signage. **Before** you order any signage be sure that your designer and fabricator understand the sign regulations. All permanent signs require a permit, and must be approved by the ARB.

6. Occupancy Inspection

For Questions Call 314-963-5332

An occupancy inspection is necessary before you open your business. It is advisable to do a conditional inspection before you sign a lease and before you engage in renovations to ensure that requirements for the space (interior and exterior) are understood. This could affect the terms of your lease. You need to schedule a final inspection after improvements to obtain approval which is necessary for your business license and for opening your business. The cost of the occupancy inspection is \$70 which includes one re-inspection.

7. Sales Tax Number and State Registration

If applicable, the City needs a state sales tax number before it issues a business license. It can be obtained from the Missouri Department of Revenue at 573-751-2836 or it can be found online at <http://dor.mo.gov/business/sales>. Most companies operating in Missouri must register with the State. Unincorporated businesses must also file if they do business under any title other than the actual name of the owner. Visit www.sos.mo.gov for information, or contact the Office of the Secretary of State in Jefferson City at 866-223-6535.

8. Food and Drink-Related Businesses

All eating and/or drinking establishments are required to have a St. Louis County Health permit. For instructions and forms, visit the website at www.stlouisco.com/doh/foodcenter/restmt_open.html. Any business selling alcoholic beverages by the package or glass must have a City Liquor License approved by the City Council. Contact the City Clerk at 314-963-5318, or visit www.webstergroves.org/liquorlicense.

9. Special Business Taxing Districts

The Crossroads, Old Orchard, and Old Webster special business districts exist to promote their local districts through marketing, special events, public parking, and other public improvements. Boundaries of the 3 districts may be viewed at www.webstergroves.org/index.aspx?nid=138. Businesses located in these districts pay a business license surcharge to support the activities of these districts.



APPLICATION FOR BUSINESS/MERCHANTS LICENSE

▪ 4 East Lockwood Ave ▪ Webster Groves, MO 63119 ▪
▪ Phone: 314-963-5300 ▪ Email: citymail@webstergroves.org ▪

A. BUSINESS INFORMATION

1. BUSINESS NAME (D/B/A): _____
2. BUSINESS ADDRESS: _____
3. MAILING ADDRESS (if different): _____
4. BUSINESS PHONE: _____
5. BUSINESS EMAIL: _____
6. IS THIS A HOME BASED BUSINESS? **YES** **NO** BUSINESS NAME CHANGE? **YES** **NO**
7. IS THIS AN OWNERSHIP CHANGE? **YES** **NO** ADDRESS CHANGE? **YES** **NO**
8. DESIRED DATE OF OPENING: _____
9. DAYS/HOURS OF OPERATION: _____
10. DO YOU SELL GOODS/RETAIL? **YES** **NO** IF YES PROVIDE MO SALES TAX ID#: _____
11. WILL YOU BE SELLING/SERVING ALCOHOL? **YES** **NO** FOOD/DRINKS? **YES** **NO**
12. DO YOU WISH TO PARTICIPATE IN THE GIFT CERTIFICATE PROGRAM? **YES** **NO**
13. DO YOU NEED MORE INFORMATION ON THE GIFT CERTIFICATE PROGRAM? **YES** **NO**
14. BUSINESS WEBSITE URL OR FACEBOOK PAGE: _____
15. CATEGORY PREFERRED: (*SELECT ONE*)

<input type="checkbox"/> ARTS	<input type="checkbox"/> AUTOMOTIVE	<input type="checkbox"/> BEAUTY & MASSAGE	<input type="checkbox"/> BUSINESSES
<input type="checkbox"/> CHILDREN	<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> HOUSE & HOME	<input type="checkbox"/> MARKETING
<input type="checkbox"/> MEDICAL/DENTAL	<input type="checkbox"/> PERSONAL SERVICE	<input type="checkbox"/> PET & GROOMING	<input type="checkbox"/> PROFESSIONAL SERVICES
<input type="checkbox"/> RESTAURANTS	<input type="checkbox"/> SHOPPING		

16. DETAILED DESCRIPTION OF THE BUSINESS: (*WILL ALSO BE INCLUDED ON WEBSTER GROVES WEBSITE*)

**The Webster Groves website has a business directory for businesses located within the city limits.
You may go to www.webstergroves.org to make sure your listing is accurate.**

PLEASE CHECK HERE TO OPT OUT OF BEING LISTED ON THE WEBSTER GROVES WEBSITE

B. BUSINESS OWNER/MANAGER INFORMATION

Applicant must include a copy of each owner/manager driver's license and \$13.00 for each background check required.

1. TYPE OF BUSINESS: CORPORATION PARTNERSHIP LLC SOLE PROPRIETORSHIP

2. **IF CORPORATION, LIST ON SEPARATE SHEET ALL OFFICERS AND DIRECTORS INCLUDING FULL ADDRESSES. IF PARTNERSHIP, LIST ALL PARTNERS AND ADDRESSES.**

3. BUSINESS OWNER'S NAME: _____

▪ HOME ADDRESS: _____

▪ HOME/CELL PHONE #: _____ EMAIL ADDRESS: _____

▪ DRIVER'S LICENSE #: _____

▪ DATE OF BIRTH: _____

▪ SOCIAL SECURITY #: _____

4. SECOND OWNER/MANAGER'S NAME: _____

▪ HOME ADDRESS: _____

▪ HOME/CELL PHONE #: _____ EMAIL ADDRESS: _____

▪ DRIVER'S LICENSE #: _____

▪ DATE OF BIRTH: _____

▪ SOCIAL SECURITY #: _____

C. PROPERTY INFORMATION

1. PROPERTY OWNER AND/OR AGENT'S NAME: _____

2. ADDRESS: _____ PHONE #: _____

APPLICANT HEREBY CERTIFIES THAT ALL INFORMATION ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE.

SIGNATURE

DATE

******FOR CITY USE ONLY******

ZONING _____ DATE _____ FINANCE _____ DATE _____

HOUSING _____ DATE _____ → INSPECTION DONE BY _____ DATE _____

FIRE _____ DATE _____ → INSPECTION DONE BY _____ DATE _____

_____ OLD WEBSTER _____ OLD WEBSTER NORTH _____ OLD ORCHARD _____ CROSSROADS
_____ YORKSHIRE _____ HOME BASED _____ NON-PROFIT _____ MO SEC 71.620

NOTES: _____

APPLICATION RECEIVED BY: _____ RECEIVED ON: _____



DEPARTMENT OF PLANNING & DEVELOPMENT

APPLICATION FOR A HOME OCCUPATION LICENSE

Sec. 53.020. Definitions

Home Occupation. Any occupation, business, profession, or commercial activity carried on by a member of the immediate family, residing on the premises, in connection with which there is kept no stock in trade; there is no commodity sold upon the premises; no person is employed other than a member of them immediate family residing on the premises; and no mechanical equipment is used, except that which is normally used for purely domestic or household purposes; and in connection with which there is no sign or name plate and no display or activity whatever that will indicate from the exterior that any building in a residential zone is being used, in any manner, for any purpose other than that of a dwelling, except that the indoor tutoring of up to two students at a time is a permissible home occupation; and upon which premises no commercial vehicle shall be parked or stored except within a closed garage, and in compliance with Section 53.180 of the Code. (Ord. No. 8023, 1, 3-24-98)

I. HOME OCCUPATION CHECKLIST

- (a) Home occupation activity shall be clearly subordinate to the residential use of the property. Read & Check [] (✓)
(b) No stock in trade may be kept nor may any commodity be sold upon the premises. [] (✓)
(c) No person shall be employed other than a member of the family residing on the premises. [] (✓)
(d) No mechanical equipment may be used, except that which is normally used for purely domestic or household purposes. [] (✓)
(e) No sign, nameplate, or activity will indicate from the exterior that any building in a residential zone is being used, in any manner, for any purpose other than that of a dwelling. [] (✓)
(f) The indoor tutoring of up to two (2) students is permitted. [] (✓)
(g) No commercial vehicle shall be parked or stored except within a closed garage and in compliance with Section 53.180 of the City Code. [] (✓)

II. APPLICANT ACKNOWLEDGEMENT

I, the undersigned _____, acknowledge by my signature that I (PRINT NAME) have read the above definition of a "Home Occupation" per Section 53.020 of the Webster Groves Zoning Code, and agree to abide by those rules.

SIGNATURE: _____ DATE: ____ / ____ / ____

STAFF USE ONLY
Received by: _____ Date: ____ / ____ / ____

**CITY OF WEBSTER GROVES
BUSINESS LICENSE RENEWAL**



Return to: City of Webster Groves
Customer Service
4 E Lockwood Avenue
Webster Groves, MO 63119

STATEMENT OF GROSS RECEIPTS

I being duly sworn on my oath state that I am the owner/manager, or duly authorized agent, of the below-named place of business; and that during the year ending December 31, 2016, the total gross receipts of said business amounted to \$_____, and that this statement is furnished in compliance with City Ordinance No. 6610, of the City of Webster Groves, Missouri, as part of the application or renewal for a license to transact business at the location specified.

I declare under penalty of perjury that the foregoing is true and correct.

Signature _____

Printed Name _____

Date _____

A. Business License Fee: (choose all that apply)

- Less than \$35,000, pay minimum \$35.00 _____
- \$1.00 per \$1000 gross receipts up to \$2.0 M _____
- \$0.75 per \$1000 gross receipts \$2.0M to \$5.0M _____
- \$0.50 per \$1000 gross receipts \$5.0M to \$10.0M _____
- \$0.25 per \$1000 gross receipts over \$10.0M _____

B. Special Taxing District Business License Fee: Old Webster, Old Orchard, Crossroads (choose one only if applicable)

- License Fee up to \$500 = 50% of Business License Fee _____
- License Fee exceeds \$500 = \$250 + 25% of amount over \$500 _____
- Old Webster North of Railroad = 30% of Business License Fee _____

C. Late Fees Due: (choose only if paid after April 30th)

- May = 5%, June = 6%, July = 7%, etc. _____
- Court fines and costs _____

TOTAL AMOUNT DUE (A + B + C) \$ _____

Company Name: _____

Missouri Tax ID #: _____

Mailing Address: _____

Business Address: _____

Webster Groves, MO 63119

Special Taxing District: _____



**CONFIDENTIAL INFORMATION
WEBSTER GROVES POLICE DEPARTMENT**

Business Name: _____

Business Address: _____ Webster Groves, MO 63119

Business Phone: (_ a _) _____ **Today's Date** _____ aa _____

Emergency Contact Information

1. _____
(Name) (Phone #)

(Address)

2. _____
(Name) (Phone #)

(Address)

3. _____
(Name) (Phone #)

(Address)

Please check one of the following options:

____ **This is a Home-Based business.**

____ **This is a Commercially located business.**