



WILDWOOD

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

2018 - 2019 LICENSE RENEWAL FOR MEDICAL PROVIDERS

An application must be completed in full for each location in the City of Wildwood. You have an independent obligation to ensure all information is true and correct. Renewal applications and fees are due annually by June 30th and are considered delinquent after July 31st; penalties apply thereafter.

LICENSE FEE SCHEDULE – Refer to Municipal Code Section 605.050

Business Category – Check One Only Based on predominant use of Business Space per 605.020		Computation of 2018-2019 Renewal Fee Multiply Square Feet by Business Category to Determine Amount Due	
Medical:	0	Square Footage of Business Space	
		Business Category Rate	x 0
		Amount Due (Minimum of \$25.00)	= \$0

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?		Yes	

LICENSE RENEWAL - Mailing Address, Phone Number and Contact Information

Street Address		Phone #	
City	State	Zip Code	
Renewal Contact Person		Title / Dept.	Owner
Renewal Contact Email			
License Renewal Notification Preference (for future years)			

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	Zip Code	
Company/Firm/Owners			
Property Owner Contact Person		Title / Dept.	
Property Owner Email			

ALARM COMPANY - Mailing Address, Phone Number and Contact Information

Does that Wildwood location of business has an active Alarm System?		No	
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			

Fee: NO FEE
Penalty: _____
Check #: _____
Date Received: _____
Date License Issued: _____
License Number: _____

GENERAL BUSINESS INFORMATION

Date Business Began/Will Begin Operation in Wildwood (under current ownership) xx / xx / xxxx			
Does the business conduct retail sales?		MO Sales Tax # (8-Digits)	
Federal Employer ID # xx - xxxxxxxx		Type of ID # provided by applicant	
-OR-			
Business Owner ID # State Issued / SSN		If State ID Used, What State?	
Detailed description of business, trade, or occupation: (To be entered in the space below here) (This is what will appear on your license)			
Including management, please note how many people are employed at the business location address		Full-Time	Part-Time
List Hours of Operation (indicate if open by appointment only)			
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			

ALCOHOL SALES

Is any portion of business is used solely for the sale of alcoholic beverages?	
Total Square Footage of business space used solely for the sale of alcoholic beverages	ft. ²

VENDING MACHINES

Are there any vending machines on the premises of your business?		# of Machines	
Owner/Operator of vending machines (if different from your business)			

WASTE COLLECTION

Waste/Trash Collection Service Company used by your business	
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OTHER BUSINESSES

Do any other businesses sub-lease/operate out of your business space?	
Please List Business Names:	

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.

Signature of Business Owner or Principal Officer

Date

Please PRINT LEGIBLLY Name of the Business Owner or Principal Officer

FOR CITY USE ONLY

Finance Department		Automatic Renewal
Finance Officer -OR- Account Clerk	Date	
Planning Department Review (if required)		Approved <input type="checkbox"/>
Zoning Administrator	Date	
Zoning Class	C-8 District	Locator #
		23V310213