



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

# 2018 - 2019 LICENSE **RENEWAL** FOR NON-PROFIT ORGANIZATION

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 30<sup>th</sup> and are considered delinquent after July 31<sup>st</sup>; penalties apply thereafter.

**LICENSE FEE SCHEDULE – Refer to Municipal Code Section 605.050**

Business Category – Check One Only <small>Based on predominant use of Business Space per 605.020</small>		Computation of 2018-2019 Renewal Fee <small>Multiply Square Feet by Business Category to Determine Amount Due</small>	
NonProfit Organization	No Fee	<b>Square Footage of Business Space</b>	
		<b>Business Category Rate</b>	<b>x</b> <b>0</b>
		<b>Amount Due (Minimum of \$25.00)</b>	<b>=</b>

**OFFICIAL BUSINESS NAME & “DOING BUSINESS AS” NAME**

<b>Legal Business Name</b>	
<b>D/B/A</b>	<small>(This is the name will appear on your license.)</small>

**WILDWOOD LOCATION - Physical Address, Phone Number and Contact Information**

<b>Street Address</b>	<b>Phone #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Contact Person</b>	<b>Title / Dept.</b>	
<b>Public Email</b>		
<b>Website Address</b>		
<b>Contact Preference for Information on City Events/Business Opportunities</b>		
<b>Email Address for Information on City Events (if applicable)</b>		
<b>Include business on the City of Wildwood ON-LINE Business Directory?</b>		

**LICENSE RENEWAL - Mailing Address, Phone Number and Contact Information**

<b>Street Address</b>	<b>Phone #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Renewal Contact Person</b>	<b>Title / Dept.</b>	
<b>Renewal Contact Email</b>		
<b>License Renewal Notification Preference (for future years)</b> «LicenseContactPref»		

**BUSINESS OWNER / PRINCIPAL OFFICER - Mailing Address, Phone Number and Contact Information**

<b>Street Address</b>	<b>Phone #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Owner/Officer Name</b>	<b>Title / Dept.</b>	
<b>Owner/Officer Email</b>		

**PROPERTY OWNER - Mailing Address, Phone Number and Contact Information**

<b>Street Address</b>	<b>Phone #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Company/Firm/Owners</b>		
<b>Property Owner Contact Person</b>	<b>Title / Dept.</b>	
<b>Property Owner Email</b>		

**ALARM COMPANY - Mailing Address, Phone Number and Contact Information**

<b>Does that Wildwood location of business has an active Alarm System?</b>		
<b>Company/Firm that installed, repairs, and/or maintains your system</b>		
<b>Street Address</b>	<b>Phone #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Alarm Company Contact</b>	<b>Title / Dept.</b>	
<b>Alarm Company Email</b>		

NO FEE DUE    Penalty: \_\_\_\_\_    Check #: \_\_\_\_\_    Date Received: \_\_\_\_\_    Date License Issued: \_\_\_\_\_    License Number: \_\_\_\_\_

**GENERAL BUSINESS INFORMATION**

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

**ALCOHOL SALES**

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

**VENDING MACHINES**

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

**WASTE COLLECTION**

<b>Waste/Trash Collection Service Company used by your business</b>	
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**OTHER BUSINESSES**

<b>Do any other businesses sub-lease/operate out of your business space?</b>	
Please List Business Names: «List_Comm»	

**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**

<b>Finance Department</b>		<b>Automatic Renewal</b>	
_____ Finance Officer -OR- Account Clerk	_____ Date		
<b>Planning Department Review (if required)</b>		<b>Approved</b> <input type="checkbox"/>	
_____ Zoning Administrator	_____ Date		
<b>Zoning Class</b>	«Zon_Class»	<b>Locator #</b>	«Locator_ID»