



COMMERCIAL BUSINESS INFORMATIONAL PACKET

BUSINESS: _____

REQUIRED CHECKLIST FOR A NEW COMMERCIAL BUSINESS:

- Complete a Fire Site Inspection of the property the business will be located at. **THIS FEE IS \$30.00 (Made out to the Southern Boone Fire District)**
- Complete a City of Ashland Site Inspection of the property the business will be located at. **THIS FEE IS \$30.00.** This may not be necessary, City Hall Staff will advise if this inspection is required.
- Complete a business license inspection and clearance form. This form is used by our staff to clear your business for a business license.
- Fill out and return a business license application. All business license applications must be approved. **FEE IS \$15.00**
- Complete and return *Utility Service Contract* with commercial deposit of **\$150.00** to City Hall.
- Complete and return a master business index for the Ashland Police Department. This form is used in case of emergency at your business by local law enforcement.
- If constructing/replacing signage: Review the sign regulations enclosed and fill out and return a sign permit application before signs are constructed or replaced. **FEE IS \$50.00.**
- If interested in being a Chamber of Commerce member, fill out and mail a Southern Boone Chamber of Commerce Application to P.O. Box 525 Ashland, MO 65010.
- Knox Box/Keys switched out



COMMERCIAL SITE INSPECTION APPLICATION CITY OF ASHLAND, MISSOURI

Permit #: _____
Date: ____/____/____

Fee: \$ _____

Proposed Use: Assembly Business Educational Industrial Residential Storage

Existing Use: Assembly Business Educational Industrial Residential Storage

Types of Use: *Assembly* (civic, social, or religious use), *Business* (office, professional, service), *Educational* (Six or more persons for educational purpose), *Industrial* (assembling, disassembling, manufacturing, repair, or processing), *Residential*

Property Address: _____

Business Name: _____

Use of Building: _____

Applicant Name: _____

Mailing Address: _____

Daytime Phone: _____ Mobile Phone: _____

If property owner is different than applicant:

Property Owner Name: _____

Mailing Address: _____

Daytime Phone: _____ Mobile Phone: _____

I hereby certify that I have read and examined this application and know the same to be true and correct, and to comply with all City Ordinances and State Laws regulating building construction.

I understand that a minimum of 24 hours notice is required for inspections unless otherwise stated by this office, and that no work may proceed until an inspector has performed the inspection that has been requested.

Signature: _____ Date: ____/____/____

E-Mail: _____



BUSINESS LICENSE INSPECTION AND CLEARANCE FORM

THIS FORM IS REQUIRED FOR ALL BUSINESSES IN THE CITY OF ASHLAND

Date: ___/___/___ Business Name: _____

Business Location: _____

Mailing Address, If Different: _____

Business Owner: _____ Phone Number: _____

Nature of Business: _____

If a sign will be installed: Wall Free-Standing *All signs require a permit*

Name and phone number of contact per- _____

E-Mail: _____

Signed: _____ Date: ___/___/___

Fire Department: Compliance with Fire Code Needs Permit Permit Not Needed

Signed: _____ Date: ___/___/___ Permit #: _____

Business License: Business License Cleared Approved Disapproved

Signed: _____ Date: ___/___/___
City Clerk

City Administration Compliance with City Regulations Approved Disapproved

Signed: _____ Date: ___/___/___
Community Development Director



APPLICATION FOR BUSINESS LICENSE

THIS FORM IS REQUIRED FOR ALL BUSINESSES IN THE CITY OF ASHLAND

Date: ____/____/____ Business Name: _____

Person making this application is : Owner Co-Owner Manager Agent

Full Name of Applicant: _____ Phone : _____

Home Address: _____

City: _____ State: _____ Zip: _____

U.S. Citizen?: _____ SSN: _____

Ever convicted of any violation of laws or ordinances of this or any other state or municipality?

Are you in debt or obligated in any manner to this city except for current taxes? _____

Legal Name of Business: _____

Business Location: _____

Mailing Address, If Different: _____

Nature of Business: _____

Is business name registered with Missouri Secretary of State under fictitious name law?: _____

Is this business a sole proprietorship? _____ Partnership Corporation LLC

Missouri Sales Tax I.D. #: _____

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, reasonable and responsible manner without misrepresentation, fraud, willful misconduct or false statement. If

Applicants Signature Date: ____/____/____

Subscribed and sworn to before me this _____ day of _____

Notary Public

My Commission will expire: _____



ASHLAND POLICE DEPARTMENT
BOONE COUNTY EMERGENCY SYSTEM INFORMATION SHEET
(THIS INFORMATION IS KEPT CONFIDENTIAL AND NOT GIVEN OUT TO THE PUBLIC)

NAME OF BUISNESS _____
ADDRESS, CITY STATE, ZIP _____
TYPE OF BUSINESS _____
BUSINESS PHONE _____ BUSINESS FAX _____
BUSINESS HOURS _____
OWNER _____
LANDLORD _____ LANDLORD PHONE _____
MANAGER _____ MANAGER PHONE _____
AFTER HOURS CONTACTS (NAME, ADDRESS, HOME &/OR CELL PHONE #)

LIGHTING AFTER HOURS? YES / NO
VISIBILITY FROM STREET? YES / NO
ALARM SYSTEM? YES / NO WHEN USED _____
VIDEO CAMERAS? YES / NO
GUARD DOGS? YES / NO
IS THERE BUILDING ACCESS FROM ROOM OR WINDOW WELLS? YES / NO
WEAPONS REGULARLY KEPT IN THE BUILDING? YES / NO
REGULAR PROCEDURES MADE FOR BANK TRANSACTIONS? _____
NUMBER OF ENTRANCES TO BUILDING _____
ALARM COMPANY _____
ADDRESS, CITY, STATE, ZIP _____
PHONE # _____ CONTACT PERSON _____
AUDIBLE EXTERNAL ALARM? YES / NO AUDIBLE INTERNAL ALARM? YES / NO
HOW MANY EMPLOYEES? _____ EMPLOYEES ON DUTY AT ONE TIME? _____
ARE EMPLOYEES REGULARLY IN THE BUSINESS AFTER HOURS? YES / NO
JANITORIAL SERVICE? YES / NO
WHO PROVIDES THIS SERVICE? _____
PHONE # _____
HOURS THEY SHOULD BE IN THE BUSINESS _____

Type of Sign (circle): Freestanding Parapet Projecting Suspended Façade
 Dev. Complex Freestanding Dev. Complex Projecting Other

Freestanding or Projecting (Frontage of lot ÷ 5) x 2 up to 80 Sq. Ft.

See other restrictions 9.573 and 9.576

(Lot frontage _____ ÷ 5) x 2 = _____ Sq. Ft.

Dimension of Sign _____ x _____ = _____ Sq. Ft.

Sign Height _____

Illumination (circle one): None Internal Indirect

Bonus Sign (if applicable) Number of businesses x 10 or Base sign area ÷ 2

(whichever is less)

Number of Businesses _____ x 10 = _____ Sq. Ft or

Base sign area _____ Sq. Ft. ÷ 2 = _____ Sq. Ft.

Permitted Bonus Sign _____

Dimension of Sign _____ x _____ = _____ Sq. Ft.

Sign Height _____

Illumination (circle) None Internal Indirect

Façade or Parapet (Lineal feet of building wall x 2 up to 80 Sq. Ft.)

See other restrictions 9.575

Length Wall _____ Ft. x 2 = _____ Sq. Ft.

Dimension of Sign _____ x _____ = _____ Sq. Ft.

Sign Height _____

Illumination (circle): None Internal Indirect

Suspended Signs (Max Sq. Ft. up to lineal feet of canopy, awning, marquee, etc.)

See other restrictions 9.577

Length Canopy _____ = _____ Sq. Ft. Sign

Dimension of Sign _____ x _____ = _____ Sq. Ft.

Illumination (circle) None Internal Indirect

Billboard (Max size 400 Sq. Ft.)

See other restrictions 9.571

Dimension of Sign _____ x _____ = _____ Sq. Ft.
