



COMMERCIAL BUSINESS INFORMATIONAL PACKET

BUSINESS: _____

CHECKLIST FOR A NEW COMMERCIAL BUSINESS :

REQUIRED ITEMS:

- Complete a Business License Inspection and Clearance Form.** *This form is used by our office to clear your business for a business license.*

- Complete a site inspection of the property the business will be located at.** *A site inspection is required for all commercial locations before a business license will be issued. The site inspection fee is \$60.00.*

- Fill out and return a Business License Application.** *All business license applications must be approved. The Business License fee is \$15.00*

- Complete and return a Commercial Utility Service Contract with a commercial deposit of \$150.00 to City Hall.**

- Complete and return a Master Business Index for the Ashland Police Department.** *This information is used in case of an emergency at your business by local law enforcement.*

- For Knox-box inspection and re-keyed contact Barrett Glascock**

- If constructing/replacing signage:** *Review the Sign Regulations enclosed and fill out and return a Sign Permit Application **BEFORE** signs are constructed or replaced. The Sign Permit fee is \$25.00*

- 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.**



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* (hotel, motel, boarding house), *Storage* (storage of property of a non-hazardous material).

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.

I understand that an inspection and clearance are required prior to occupancy of this structure.

Signature: _____

Date: ____/____/____



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 person: _____

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?
Other than minor traffic violations: _____ *If yes explain:* _____

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 business ceases operation or license is suspended or revoked, all license, insignia, etc. will be immediately returned to City Clerk.

Applicants Signature Date: ___/___/___

Subscribed and sworn to before me this _____ day of _____ 20____

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 BUSINESS _____

ADDRESS, CITY, STATE, ZIP _____

TYPE OF BUSINESS _____

BUSINESS PHONE # _____ BUSINESS FAX # _____

BUSINESS HOURS _____ HAZMAT YES / NO

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 ROOF 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

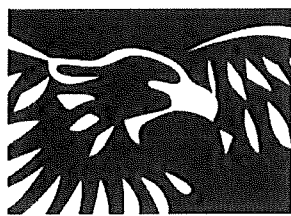
JANITORIAL SERVICE? YES / NO

WHO PROVIDES THIS SERVICE? _____

PHONE # _____

HOURS THEY SHOULD BE IN THE BUSINESS _____

APPLICATION FOR MEMBERSHIP



Chamber of Commerce

S O U T H E R N B O O N E C O U N T Y

Applying for Chamber membership has never been easier. Simply fill in the form below and submit to P.O. Box 525, Ashland, MO 65010. We will contact you as soon as we receive your request.

- Associate Member (individual) ~ \$35 per year
- Organization Member (individual) ~ \$50 per year
- Business Member (5 or Less Employees) ~ \$75 per year
- Business Member (More than 5 Employees) ~ \$100 per year

Company/Organization: _____

Contact Person's Name/Title: _____

E-mail Address: _____

Additional Contact: _____

E-mail Address: _____

Physical Address: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Website Address: _____

Would you like to be listed/linked on the Chambers website? yes no

www.southernboonechamber.com

Thank you for supporting the Southern Boone Business Community!

**SIGN PERMIT
APPENDIX B**



9.05.1.1.1. <i>Office Use Only</i>
Sign Permit No. _____
Application Date: _____
Fee Paid: _____

Sign Address: _____

Sign Owner:

Name: _____ Phone: _____

Address: _____

City, ST. Zip _____

Property Owner:

Name: _____ Phone: _____

Address: _____

City, ST. Zip _____

Sign Company (if applicable):

Name: _____ Phone: _____

Address: _____

City, ST. Zip _____

Electrical Contractor (if applicable):

Name _____ Phone: _____

Address: _____

City, ST. Zip _____

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- \$25.00 fee (Cash, or a check made payable to the City of Ashland)
- * A scale drawing of the sign
- + An elevation drawing showing the dimensions of the structure
- ‡ Site plan showing the proposed setbacks from lot lines and drive aisles

Applicant's Signature _____ Date _____

Approved City Agent's Signature _____ Date _____

Type of Sign (circle): Freestanding: Projecting: Façade: Parapet:
Suspended:

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): 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.)

Dimension of Sign* _____ x _____ = _____ Sq. Ft. See other restrictions 9.571.

