

2021 St. Peters Business License Renewal

GUIDE TO RENEWING YOUR LICENSE ONLINE

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ST. PETERS ONLINE LICENSING PORTAL

Go to the City of St. Peters Online Portal CitizenServe. The following link is to the City's new online licensing portal. Copy and paste the following in to your web browser:

https://www.citizenserve.com/stpetersmo



LEARN MORE ABOUT PERMITTING →

Click on RENEW A LICENSE under the LICENSING section on the home screen.

Page 2



LOGGING IN TO THE CITY'S ONLINE PORTAL



Click LOGIN.



<u>COMPLETE THIS STEP IF YOU RECEIVED A TEMPORARY</u> <u>USERNAME AND PASSWORD. IF NOT, SKIP THIS STEP.</u>





SELECT LICENSE TO RENEW





COMPLETE RENEWAL IN ITS ENTIRETY

The first 5 items: License # Name	RENEW MY LICENSE Home / Services / Business Licenses / View License / Renew my license			
Address License Type		indicates a required field		
Subtype	License #:	GL20-000169		
re <u>view only</u> . This information can	Name:	TEST - GENERAL BUSINESS COMMERCIAL		
	Address:	5200 MEXICO RD		
	License Type:	General Business License		
	Sub Type:	Commercial In City Business		
	Note: *GREY FIELDS*			
	Note: *GREY FIELDS* All grey fields shown on the rene For example: the address was issued. Licenses are application, under the ne	ewal are <u>view only</u> fields. Changes to these fields are not permitted. s field is the premises/business address in which the initial license on transferable. So if the address has changed then a new license w address, would be required in place of the renewal.		
	Note: *GREY FIELDS* All grey fields shown on the rene For example: the address was issued. Licenses are application, under the ne Also notice that if you move your This mouse icon symbol ind	ewal are <u>view only</u> fields. Changes to these fields are not permitted. is field is the premises/business address in which the initial license is not transferable. So if the address has changed then a new license ww address, would be required in place of the renewal. In curser over <u>view only</u> fields you will see the following mouse icon: dicates "view only"		



COMPLETE RENEWAL IN ITS ENTIRETY APPLICANT INFORMATION

UNDER APPLICANT INFORMATION		APPLICANT INFORMATION			
Review and make any changes to		Email:	AMAY@STPETERSMO.NET		
the applicant's contact infor- mation.		First Name:	LICENSEE'S FIRST NAME		
This information should be your		Last Name:	LICENSEE'S LAST NAME		
personal contact information and not someone else's.		Home Address:			
		City, State, Zip:			
Verify the mailing address. This is		Business Name:	BUSINESS NAME		
your primary business address.		Mailing Address:	BUSINESS MAILING ADDRESS		
Be sure you have at least one phone number listed. The phone		City, State, Zip:	СІТҮ	MO	63376
numbers under the APPLICANT INFORMATION section are the ap-	N.		at least one phone number is required		
plicant's phone numbers and not necessarily the business entity's		Home Phone:			
main phone number.		Cell Phone:			
		Work Phone:	(636) 477-6600		
		Fax:			

IMPORTANT

The APPLICANT shall always be the licensee. As it pertains to all business licenses the licensee is the person who is renewing the license and receiving the license certificate to operate within the City of St. Peters. This person is also responsible for indicating any changes from the information previously furnished.

If the applicant is someone other than you, then DO NOT CONTINUE on this page. Contact the licensing office at: businesslicensing@stpetersmo.net to request a change in the applicant.



COMPLETE RENEWAL IN ITS ENTIRETY

LICENSE INFORMATION & CONTACTS

UNDER LICENSE INFORMATION Verify the Business D/B/A "Doing	🚔 LICENSE IN	IFORMATION			
Business As" name. If the name has changed please contact the	Business D/B/A N	Name:	DBA NAME		
	Business Phone:				
Provide the main business phone number and website address.	Business Website	e Address:			
					_
Update existing contact's infor- mation	Please provide at le	east one contact other than the appl	icant below.		
and/or Add owner, co-owner, and/or	Business Owner:		CITY OF ST. PETERS - AMANDA MAY		~
manager associated with the ap- plicable business establishment	Business Co-Owne	er:			~
	Manager:				~
	_			_	
TO VIEW/MODIFY CONTACTS:	CI	TY OF ST. PETERS - AMANDA MAY		<u> </u>	
Click the three dots on the right of	the contact field.				View/Modify
TO ADD A NEW CONTACT:	СП	TY OF ST. PETERS - AMANDA MAY	→(~)	
Click on the arrow and select ADD	NEW CONTACT				ad new contact
		CITY OF ST. PETERS - AMANDA MA	Y Y]	
		CITY OF ST. PETERS - AMANDA MA'	Ý	ĺ	

Enter a new contact

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COMPLETE RENEWAL IN ITS ENTIRETY BUSINESS TYPE INFORMATION/ OPERATION DETAILS

The BUSINESS TYPE INFORMATION section and OPERATION DETAILS section on the renewal page con- tain all required information for your renewal. Complete any and all questions.	
Any item that has a Select File button is a place in which you will be required to upload a document. Be sure all documents are saved as a .pdf, .jpg., or .gif	OPERATION DETAILS
Any item that has a red line is a required item to complete on the license renewal. If any required items are not completed you will not be able to SUBMIT your re- newal. This includes uploading required documents or providing information within a field.	Insurance Certificate or Affidavit: Number of Employees Full Time:
***Don't have a required item? If you do not have ALL the required You may click on your browser's <u>ba</u>	items <u>(information, required documents, etc.)</u> you are unable to SUBMIT your renewal. <u>ck arrow</u> to go back to view your licenses or you can close out of the portal completely.
Once you obtain all the required ite •Log back in to the Licensing Porta •Click on RENEW A LICENSE •Complete the RENEW MY LICENSE	ms, you can start over on completing the renewal process. https://www.citizenserve.com/stpetersmo page in its entirety



COMPLETE RENEWAL IN ITS ENTIRETY EMERGENCY INFORMATION

The EMERGENCY INFORMATION section is required annually from all businesses within our City Limits.

Our Police Department needs updated and accurate information on file in the event of an emergency.

This e-form replaces the emergency information card from our previous mail-in renewal process.

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PROVIDE AT LEAST ONE LOCAL EMERGENCY COM	ITACT
Name:	-
Phone Number:	(111)111-1111
Name:	
Phone Number:	
Name:	
Phone Number:	
Do you have an Alarm?:	No
Do you have a safe?:	Yes 🗸
Location of the safe:	
Are there ever any hazardous wastes on the	No
premises?:	
Do you authorize the St. Peters Police to enter	Yes 🗸
into your place of business during non-business	
hours for the purpose of conducting a security	
check if the premises are found unsecure or there	
are other indication that an unauthorized	
individual may be on the premises?:	



SUBMIT YOUR COMPLETED RENEWAL





PAYMENT

•	If your business license has annual license fees due, the PAYMENT screen will appear after you submit your renewal.	Home / My account / View license / Renew license				
	RENEWAL fee(s) must be paid at	**THE CITY DOES NOT ACCEPT AMERICAN EXPRESS** License #: GL20-000169 Amount Due: \$130.00				
-	All renewals submitted without the amount due paid in full will be con- sidered incomplete.	Payment Amount: \$130.00				
		Payment Type: Credit Card Cardholder Name:				
	NOTICE	Card Number:				
	THE CITY DOES NOT ACCEPT AMERICAN EXPRESS CREDIT CARDS AS A FORM OF PAYMENT.	Security Code:				
		Billing City:				
⇒	card information on the payment screen, then click SUBMIT.	Billing State:				
		SUBMIT				



RENEWAL AND ONLINE PAYMENT RECEIVED





CHECKING THE STATUS OF YOUR LICENSE RENEWAL







FORGOT YOUR USERNAME OR PASSWORD





REQUEST ACCESS TO LICENSE RENEWAL

Business License renewals are sent to the last applicant on file.

If a change has occurred and a new contact needs to replace the current contact on file, the new contact must complete the form:

"LICENSE RENEWAL ACCESS

REQUEST"

CLICK HERE TO COMPLETE ACCESS REQUEST FORM



ADD A CONTACT UNDER CONTACT SECTION

