City of St. Louis Department of Health Bureau of Environmental Health Services Food & Beverage Control Program 1520 Market St., Room 4051 St. Louis, MO 63103 (314)657-1539



## APPLICATION FOR BAR CERTIFICATE OF EXEMPTION

Yearly Operation OR Days of Operation (circle all that apply)  Monthly Operation (circle all that apply)  JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Hours of Operation  Please provide the information below as reported to Excise, or appropriate State and/or City agencies for the past year.  Fiscal Year Gross Food & Beverage Sales Only Food Sales ONLY  Percentage of Total Food & Amount Seleverage Sales of Total Food & Amount Seleverage Sales of Sales to Beverages Sales of Sales to Beverage Sales of Sales Sales Sales of Sales Sale	IRS Tax ID No. or SSN:							
Name of Manager  Street Address  Zip Code  Ward No  City, State, Zip  Phone  e-mail  Yearly Operation Monthly Operation JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Hours of Operation JUL AUG SEP OCT NOV DEC Hours of Operation Fiscal Year  Gross Food & Beverage Sales Only Percentage of Total Food & Beverage Sales Only Percentage of Total Food & Beverage Sales Only Amount Percentage of Total Food & Beverage Sales Only Food Sales to Beverages Sales Amount Percentage of Total Food & Beverage Sales Only Percentage of Total Food of Sales to Beverages Sales Only Percentage of Total Food & Beverage Sales Only Percentage of Total Food & Beverage Sales Only Percentage of Total Food & Percentage of Total Food of Sales to Beverages Sales on Beverages Sales on Beverage Sales Only  Initials:  I agree to post prominently outside of the premises at each entrance and also above the bar the following sign in Beverage Sales on Beverage Sales on Beverage Sales Sales Only  Initials:  I agree to post prominently outside of the premises at each entrance and also above the bar the following Sales on Beverage Sales Only  Initi	Date of Application	n:	Opening Date of Establishment:					
Name of Manager    Name of Manager		Business Informa	Business Owner Information					
Street Address  Zip Code  Ward No  City, State, Zip  Phone  e-mail  Phone  Processed the presentation (circle all that apply)  MON TUE WED THU FRI SAT SUN  MON TUE WED THU FRI SAT SUN  Percentage of Operation  Please provide the information below as reported to Excise, or appropriate State and/or City agencies for the past year.  Percentage of Total Food & Amount Percentage of Food Sales ONLY  Percentage of Total Food & Amount Percentage of Food Sales to Beverage Sales Amount Percentage of Phone  Percentage of Pood Sales only Percentage of Pood Sales to Beverage Sales Amount Percentage of Pood Sales of Sales to Beverage Sales Amount Percentage of Pood Sales to Beverage Sales Amount Percentage of Pood Sales Soles of Sales to Beverage Sales Sales of older. —  I agree to post prominently outside of the premises at each entrance and also above the bar the following sign in lettering that is black bold Arial font at (ninety-eight) 98 point size: "WARNING: SMOKING ALLOWED HERE". —  I certify that food sales are not reasonably expected to comprise more than 25% of the gross sales of food and beverage within the next year. —  Signature:  Date:  Phone  Street Address  City, State, Zip  Phone  Street Address  City, State, Zip  Phone  Title  Phone  Phone  Street Address  City, State, Zip  Phone  Title  Phone	Name of Establishmer	nt						
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Phone e-mail  Yearly Operation (Circle all that apply) Monthly Operation (Circle all that apply) Monthly Operation (Circle all that apply) Mon TUE WED THU FRI SAT SUN  JUL AUG SEP OCT NOV DEC  Hours of Operation  Please provide the information below as reported to Excise, or appropriate State and/or City agencies for the past year.  Fiscal Year  Gross Food & Beverage Sales Only Percentage of Total Food & Amount Sales to Beverages of Hours of Operation  Percentage of Total Food & Amount Sales to Beverages of Hours of Operation  Percentage of Total Food & Amount Sales to Beverages of Hours of Operation  Percentage of Total Food & Amount Sales to Beverages of Hours of Operation  I certify this bar allows access only to persons aged twenty one (21) years old or older. —  I agree to post prominently outside of the premises at each entrance and also above the bar the following sign in lettering that is black bold Arial font at (ninety-eight) 98 point size: "WARNING: SMOKING ALLOWED HERE". —  I certify that food sales are not reasonably expected to comprise more than 25% of the gross sales of food and beverage within the next year. —  Signature: Date:  If applicant is acting as agent for the business owner, provide the following:  Name Title Phone  Find Phone  For Inspectors Only  Square footage of establishment, excluding enclosed kitchen areas, and bathrooms:  Square footage of establishment, excluding enclosed kitchen areas, and bathrooms:  Open areas, and bathrooms:  Open areas, and bathrooms:  Percentage of Open and Circle all that apply)  MON TUE WED THU FRI SAT SUN  Percentage of Poperation  Percentage of Open and Amount of Calles and Amount of Ca	Street Address		Street Address					
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