

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

IRS Tax ID No. _____
 or SSN: _____

Date of Application: _____ Opening Date of Establishment: _____

Business Information		Business Owner Information	
Name of Establishment		Company Name	
Name of Manager		Name of Owner	
Street Address		Street Address	
Zip Code	Ward No	City, State, Zip	
Phone		Phone	
e-mail		e-mail	

Yearly Operation OR
Monthly Operation (circle all that apply)

JAN FEB MAR APR MAY JUN
 JUL AUG SEP OCT NOV DEC

Days of Operation (circle all that apply)
 MON TUE WED THU FRI SAT SUN

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	
	Amount	Percentage of Total Food & Beverage Sales	Amount	Percentage of Food Sales to Beverages
		100%		%

I certify this bar allows access only to persons aged twenty one (21) years old or older. --	Initials:
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
Street Address	City, State, Zip	

I hereby certify that the information provided is correct, and I fully understand that any deviation from this information without prior permission from the Health Department may nullify final approval. I understand that a certificate of exemption is good for a maximum of one year AND that I will need to reapply for a new certificate of exemption when the exemption expires. I understand that the Commissioner of Health has the right to suspend or revoke any certificate of exemption issued.

Signature: _____ Date: _____

For Inspectors Only

Square footage of establishment, excluding enclosed kitchen areas, storage areas, and bathrooms:	sq. ft.	Inspector's Name: _____
<input type="radio"/> Approved <input type="radio"/> Denied		Date: _____