

CITY OF SAINT LOUIS
MISCELLANEOUS LICENSE APPLICATION

DISTRICT
SUB DISTRICT

FOR LICENSE YEAR BEGINNING FEBRUARY 1, 20

ITEMS 1 THROUGH 12 MUST BE COMPLETED

- 1. TRADE NAME
- 2. TRUE NAME
- 3. STRUCTURE ADDRESS
- OWNER
- HDQTRS
- STRUCTURE

- 5. FEDERAL ID/SS NO.
- 6. BUSINESS PHONE
- 7. FAX NUMBER
- 8. SALES/USE TAX NO.
- 9. TYPE ORGANIZATION ___IND ___PTN ___CORP
- 10. DATE BUSINESS STARTED IN ST. LOUIS CITY
- 11. BUSINESS TYPE **5511**
- 12. NO. OF EMPLOYEES

Businesses that do not file and pay before the date printed above will be subject to CLOSURE for operating without a License.

THIS SPACE PROVIDED TO CORRECT ABOVE LINE ITEMS

- MAIL TO ADDRESS IS
- OWNER
- HDQTRS
- STRUCTURE

1. TRADE NAME	<input type="text"/>	5. FEDERAL ID/SS NO.	<input type="text"/>
2. TRUE NAME	<input type="text"/>	6. BUSINESS PHONE	<input type="text"/>
3. STRUCTURE ADDRESS	<input type="text"/>	7. FAX NUMBER	<input type="text"/>
4. MAIL TO: NAME AND ADDRESS	<input type="text"/>	8. SALES/USE TAX NO.	<input type="text"/>
	<input type="text"/>	9. TYPE ORGANIZATION	<input type="text"/>
	<input type="text"/>	10. DATE BUSINESS STARTED	<input type="text"/>
	<input type="text"/>	11. BUSINESS TYPE	<input type="text"/>
	<input type="text"/>	12. NO. OF EMPLOYEES	<input type="text"/>

REPORTED BY TAXPAYER

NUMBER OF STATE DEALER TAGS X \$2.50	
MINIMUM OF 2 (\$5.00)	
TOTAL DUE – PAY WITH RETURN	



I HEREBY CERTIFY AS PROVIDED BY LAW THAT THE FOREGOING IS A TRUE STATEMENT. I FURTHER CERTIFY THAT THIS APPLICANT HAS PAID ALL REAL ESTATE TAXES, PERSONAL PROPERTY TAXES, EARNINGS TAXES, LICENSE TAXES, PERMITS AND CERTIFICATE FEES DUE AND PAYABLE TO THE CITY OF SAINT LOUIS AND THE STATE OF MISSOURI.

ET	PET	PPT	OCC	WC	SST	SIGN	BAL
OTHER	PRIOR	POLICE	CONT	ID	CREDIT	CHK	67909

(PRINT NAME AND TITLE AS SIGNED)

(SIGNATURE OF OFFICER, OWNER OR AUTHORIZED PERSON)

MAIL TO:

MAVIS T. THOMPSON, ESQ.
LICENSE COLLECTOR
P.O. Box 78158
Saint Louis, MO 63178-8158

License Number

PAYMENT REQUIRED WITH APPLICATION

LIC. APPROVED _____