

CITY OF SAINT LOUIS
MISCELLANEOUS LICENSE APPLICATION

LICENSE TYPE
L416900

DISTRICT
SUB DISTRICT

CONVENTION AND TOURISM TAX – SLEEPING ROOM SALES
FOR QUARTER BEGINNING: _____
FOR QUARTER ENDING: _____
TO BE FILED AND PAID BY THE 10TH DAY AFTER THE END OF THE QUARTER
ITEMS 1 THROUGH 12 MUST BE COMPLETED

- 1. TRADE NAME
- 2. TRUE NAME
- 3. STRUCTURE ADDRESS
- 4. MAIL TO:
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
**6260
HOTELS AND MOTELS**
- 12. NO. OF EMPLOYEES

Businesses that do not file and pay before June 1 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	_____
2. TRUE NAME	_____
3. STRUCTURE ADDRESS	_____
4. MAIL TO: NAME AND ADDRESS	_____ _____ _____

5. FEDERAL ID/SS NO.	_____
6. BUSINESS PHONE	_____
7. FAX NUMBER	_____
8. SALES/USE TAX NO.	_____
9. TYPE ORGANIZATION	_____
10. DATE BUSINESS STARTED	_____
11. BUSINESS TYPE	_____
12. NO. OF EMPLOYEES	_____

REPORTED BY TAXPAYER

GROSS ROOM SALES – TRANSIENT GUESTS	
LESS EXEMPTIONS TAKEN (ENCLOSE LIST)	
SUB TOTAL	
MULTIPLY BY TAX RATE – 3.75 PERCENT	
TOTAL DUE – PAY WITH RETURN	

LICENSE #

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

LIC. APPROVED _____

MAKE CHECKS PAYABLE TO:

Mavis T. Thompson, Esq.
License Collector
1200 Market Street Room 102
Saint Louis, MO 63103-2804

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.

(PRINT NAME AS SIGNED)

(SIGNATURE OF OFFICER, OWNER OR AUTHORIZED PERSON)

SEE INSTRUCTIONS ON BACK
PAYMENT REQUIRED WITH APPLICATION