

CITY OF SAINT LOUIS
MISCELLANEOUS LICENSE APPLICATION

DISTRICT
SUB DISTRICT

ITINERANT VENDOR
TAX YEAR: _____

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
- 12. NO. OF EMPLOYEES

Space Code 5060

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	_____
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

EVENT	
DATE(S)	
TOTAL # OF DAYS	
\$25.00 PER DAY	
TOTAL DUE – PAY WITH RETURN	
(cash, money order, credit, debit & cashier check only)	



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

(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 _____