

**CITY OF SAINT LOUIS**  
**MISCELLANEOUS LICENSE APPLICATION**

**L421705**  
**Coin Op. Amusement**

DISTRICT \_\_\_\_\_  
SUB DISTRICT \_\_\_\_\_

**FOR LICENSE YEAR BEGINNING JULY 1, \_\_\_\_\_**  
**MUST FILE AND PAY BEFORE JULY 1, \_\_\_\_\_**

**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 7301**

**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 style="width: 95%;" type="text"/>
2. TRUE NAME	<input style="width: 95%;" type="text"/>
3. STRUCTURE ADDRESS	<input style="width: 95%;" type="text"/>
4. MAIL TO: NAME AND ADDRESS	<input style="width: 95%;" type="text"/>

5. FEDERAL ID/SS NO.	<input style="width: 85%;" type="text"/>
6. BUSINESS PHONE	<input style="width: 85%;" type="text"/>
7. FAX NUMBER	<input style="width: 85%;" type="text"/>
8. SALES/USE TAX NO.	<input style="width: 85%;" type="text"/>
9. TYPE ORGANIZATION	<input style="width: 85%;" type="text"/>
10. DATE BUSINESS STARTED	<input style="width: 85%;" type="text"/>
11. BUSINESS TYPE	<input style="width: 85%;" type="text"/>
12. NO. OF EMPLOYEES	<input style="width: 85%;" type="text"/>

REPORTED BY TAXPAYER

<b># OF DECALS x \$10.00</b>	
Must supply a list of all machines and locations.	
<b>TOTAL DUE – PAY WITH RETURN</b>	

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)

Decal #

(SIGNATURE OF OFFICER, OWNER OR AUTHORIZED PERSON)

MAIL TO:

MAKE CHECKS PAYABLE TO: MAVIS T. THOMPSON, ESQ. – LICENSE COLLECTOR

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

License Number

**PAYMENT REQUIRED WITH APPLICATION**

LIC. APPROVED \_\_\_\_\_