

For tax year beginning

CITY OF ST. LOUIS
NEW MANUFACTURER'S
LICENSE APPLICATION

License Collector
Room 102, City Hall
St. Louis, Missouri 63103

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

ITEMS ONE THROUGH THIRTEEN MUST BE COMPLETED

13. Estimate the highest amount, in true money value, of tools, machinery and appliances which you will have on hand or subject to your control, at any time prior to the first day of January next succeeding.

14. You will be taxed on a pro-rata basis for the remainder of the current tax year.

15. If required to pay state sales tax, a clearance letter from the Missouri Dept. of Revenue must accompany this application.

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, SALES TAXES, PERMITS AND CERTIFICATE FEES DUE AND PAYABLE TO THE CITY OF ST. LOUIS AND THE STATE OF MISSOURI.

(NAME OF FIRM)

(SIGNATURE OF OFFICER, OWNER OR AUTHORIZED PERSON)