

MAVIS T. THOMPSON, ESQ. - LICENSE COLLECTOR - CITY OF ST. LOUIS

1200 Market St., St. Louis, MO 63103 ~ 314-622-4528 FAX 314-622-3275

REGISTRATION FOR RESTAURANT

Fed Id (EIN) or SSN: _____ Expected Start Date: _____

Company (Trade/DBA) Name: _____

True Name: _____

Structure Address: _____ Zip: _____

Business Phone: _____ Business Fax: _____ State Sales Tax Number: _____

Mail to Address: _____ City: _____ State: ____ Zip _____

Registered in State of Missouri: Yes ___ No ___ Charter #: _____ Business Type: Individual ___ Partnership ___ Corporation ___

Will you obtain a liquor license for this location? Yes ___ No ___ Dance Hall Permit? Yes ___ No ___ Any Vending, Amusement, or Service Machines? Y___ N___

Business Owner's Information – Use a separate sheet if more space is needed

Name	Title	Home Address	City, State Zip	SSN	Home Telephone

For corporations, provide the registered agent's information below. Use a separate sheet if more space is needed

Name	Title	Mailing Address	City, State Zip	Telephone	Email Address

I, the undersigned, hereby apply for licensing a restaurant in the City of St. Louis.

Applicant Name (Print Legibly): _____ Application Date: _____

Applicant Signature: _____ Title: _____ SSN: _____

Contact Person Information: First & Last Name: _____ Title: _____

Phone Number: _____ Email Address: _____

NOTE: All information is subject to verification and a check of Local, State and Federal records may be made.

Received By: License Collector's Office: _____ Date: _____

Office Use Only:

AL#: _____ Date first application was mailed: _____

ET	PET	PPT	OCC	SST	67909	HEALTH PERMIT
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COLLECTOR OF REVENUE TAX CLEARANCE	
EARNINGS TAX	_____
PAYROLL EXPENSE	_____
PERSONAL PROPERTY	_____
Approved	_____
Rejected	_____
Date	_____ By _____