

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

**L421603**

DISTRICT

**SIDEWALK VENDOR**

SUB DISTRICT

**TAX YEAR:** \_\_\_\_\_

ITEMS 1 THROUGH 12 MUST BE COMPLETED

1. TRADE NAME

5. FEDERAL ID/SS NO.

2. TRUE NAME

6. BUSINESS PHONE

3. STRUCTURE  
ADDRESS

7. FAX NUMBER

4. MAIL TO:  
OWNER

8. SALES/USE TAX NO.

HDQTRS

9. TYPE ORGANIZATION \_\_\_IND \_\_\_PTN \_\_\_CORP

STRUCTURE

10. DATE BUSINESS STARTED  
IN ST. LOUIS CITY

11. BUSINESS TYPE

12. NO. OF EMPLOYEES

**Space Code 5062**

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 \_\_\_\_\_

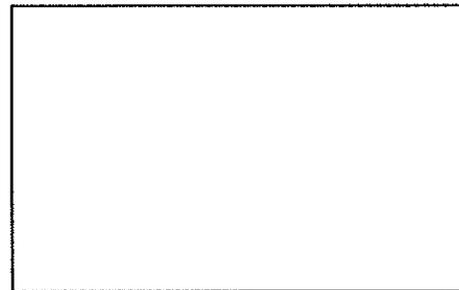
10. DATE BUSINESS STARTED \_\_\_\_\_

11. BUSINESS TYPE \_\_\_\_\_

12. NO. OF EMPLOYEES \_\_\_\_\_

REPORTED BY TAXPAYER

<b>TOTAL DUE – PAY WITH RETURN</b>
<b>\$200.00</b>
<b>(cash, cashier check, or money order only)</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)

\_\_\_\_\_  
(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 \_\_\_\_\_