COMMON DOCUMENT NUMBER

CITY OF SAINT LOUIS
MISCELLANEOUS LICENSE APPLICATION

LICENSE TYPE
L421422
HOTEL/MOTEL

DISTRICT

SUB DISTRICT

FOR LICENSE YEAR BEGINNING: FEB 1, _____
MUST FILE AND PAY BEFORE: FEB 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 **6260 HOTELS AND MOTELS**
12. NO. OF EMPLOYEES

Businesses that do not file and pay before June 1 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

NUMBER OF ROOMS	
MULTIPLY BY $1.50	**X 1.50**
TAX DUE	
PENALTIES DUE	
TOTAL DUE – PAY WITH RETURN	

LICENSE #

ET	PET	PPT	OCC	WC	SST	SIGN	BAL
OTHER	PRIOR	POLICE	CONT	ID	CREDIT		CHK

LIC. APPROVED _____

MAKE CHECKS PAYABLE TO:

MICHAEL McMILLAN
License Collector
P.O. Box 78158
Saint Louis, MO 63178-8158

SEE INSTRUCTIONS ON BACK
PAYMENT REQUIRED WITH 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, PERMITS AND CERTIFICATE FEES DUE AND PAYABLE TO THE CITY OF SAINT LOUIS AND THE STATE OF MISSOURI.

_____
(PRINT NAME AS SIGNED)

_____
(SIGNATURE OF OFFICER, OWNER OR AUTHORIZED PERSON)