COMMON DOCUMENT NUMBER

DISTRICT

SUB DISTRICT

CITY OF SAINT LOUIS

MISCELLANEOUS LICENSE APPLICATION

FESTIVAL VENDOR

TAX YEAR: _____

LICENSE TYPE

L421602

BADGE

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 5061

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

EVENT

DATE(S)

LOCATION

TOTAL DUE – PAY WITH RETURN

$75.00
(cash, cashier check, or money order only)

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)

SEE INSTRUCTIONS ON BACK

MAIL TO:

MAKE CHECKS PAYABLE TO: MICHAEL McMILLAN – LICENSE COLLECTOR

MICHAEL McMILLAN
LICENSE COLLECTOR
P.O. BOX 78158
SAINT LOUIS, MO 63178-8158

License Number

PAYMENT REQUIRED WITH APPLICATION

LIC. APPROVED _____