COMMON DOCUMENT NUMBER

DISTRICT

SUB DISTRICT

# CITY OF SAINT LOUIS
## MISCELLANEOUS LICENSE APPLICATION

LICENSE TYPE

**L421605**

## SIDEWALK VENDOR EMPLOYEE BADGE
**TAX YEAR: _____**

**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 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

**TOTAL DUE – PAY WITH RETURN**

**$20.00**
**(cash, money orders & cashier checks only 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)**

*MAIL TO:*

**SEE INSTRUCTIONS ON BACK**

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 _____