

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

DISTRICT  
SUB DISTRICT

**SIDEWALK VENDOR**  
**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

<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)

**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
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**PAYMENT REQUIRED WITH APPLICATION**

LIC. APPROVED \_\_\_\_\_