



**CITY OF ST. LOUIS
DEPARTMENT OF PUBLIC SAFETY
EXCISE DIVISION**

APPLICATION FOR CATERING PERMIT

***Per Day(s)** _____ (PER BOOTH)

****50 Day(s)** _____

****Unlimited** _____

TRUE NAME

TRADE NAME (DBA: DOING BUSINESS AS)

ADDRESS

MANAGING OFFICER

CONTACT PHONE NUMBER

CITY LICENSE TYPE

LICENSE NUMBER

EXPIRATION DATE

****COMPLETE DESCRIPTION OF CATERED AREA**

****DATES AND TIMES OF CATERED EVENT**

***REASON FOR CATERER'S PERMIT**

SIGNATURE OF MANAGING OFFICER:

DATE:

EXCISE DIVISION APPROVAL OF REQUEST FOR CATERER'S PERMIT

APPROVED BY:

DATE:

* Only need to be filled out if requesting permit on a daily basis

** Fifty (50) day/unlimited catering permits not valid for festivals

** Licensee shall report (via email/fax) the location of each catered event (5) business days before the event is held.