



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



**TISHAURA JONES
MAYOR**

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**DR. DANIEL ISOM
DIRECTOR OF PUBLIC SAFETY**

APPLICATION FOR A CATERER'S PERMIT		
*Per Day(s) _____ (Per Booth) **50 Days _____ **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	_____ PRINT NAME	_____ DATE
EXCISE DIVISION APPROVAL OF REQUEST FOR CATERER'S PERMIT		
APPROVED BY:		DATE:

*Only needs 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 five (5) business days before the event is held.