



CITY OF ST. LOUIS

Department of Public Safety – Excise Division

Room 416 City Hall / 1200 Market St. / St. Louis, MO 63103 / 314-622-4191/ 314-613-3172 (Fax)

PERSONNEL DATA

NAME OF LICENSEE _____

BUSINESS ADDRESS _____

List all persons involved in the operation or ownership in any capacity and list all employees who manage or supervise employees who handle liquor or beer. Businesses have until the 5th day of the following month to notify the Excise Division of any new hires. You may mail, fax or bring this form into the Excise Division.

1. NAME & ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX _____ RACE _____ S.S. # _____

MAIDEN NAME AND ALL PREVIOUS MARRIED NAMES _____

2. NAME & ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX _____ RACE _____ S.S. # _____

MAIDEN NAME AND ALL PREVIOUS MARRIED NAMES _____

3. NAME & ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX _____ RACE _____ S.S. # _____

MAIDEN NAME AND ALL PREVIOUS MARRIED NAMES _____

4. NAME & ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX _____ RACE _____ S.S. # _____

MAIDEN NAME AND ALL PREVIOUS MARRIED NAMES _____

5. NAME & ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX _____ RACE _____ S.S. # _____

MAIDEN NAME AND ALL PREVIOUS MARRIED NAMES _____

6. NAME & ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX _____ RACE _____ S.S. # _____

MAIDEN NAME AND ALL PREVIOUS MARRIED NAMES _____

7. NAME & ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX _____ RACE _____ S.S. # _____

MAIDEN NAME AND ALL PREVIOUS MARRIED NAMES _____