

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

DISTRICT  
SUB DISTRICT

**HOTEL/MOTEL SALES TAX – SLEEPING ROOM SALES**  
**FOR THE MONTH OF: \_\_\_\_\_**  
**TO BE FILED AND PAID BY 10<sup>TH</sup> DAY OF FOLLOWING MONTH**

**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  
**6260  
HOTELS AND MOTELS**
- 12. NO. OF EMPLOYEES

**Businesses that do not file and pay before June 1 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	<input style="width: 95%;" type="text"/>	5. FEDERAL ID/SS NO.	<input style="width: 95%;" type="text"/>
2. TRUE NAME	<input style="width: 95%;" type="text"/>	6. BUSINESS PHONE	<input style="width: 95%;" type="text"/>
3. STRUCTURE ADDRESS	<input style="width: 95%;" type="text"/>	7. FAX NUMBER	<input style="width: 95%;" type="text"/>
4. MAIL TO: NAME AND ADDRESS	<input style="width: 95%;" type="text"/>	8. SALES/USE TAX NO.	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	9. TYPE ORGANIZATION	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	10. DATE BUSINESS STARTED	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	11. BUSINESS TYPE	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	12. NO. OF EMPLOYEES	<input style="width: 95%;" type="text"/>

REPORTED BY TAXPAYER

GROSS ROOM SALES – TRANSIENT GUESTS	
LESS EXEMPTIONS TAKEN (ENCLOSE LIST)	
SUB TOTAL	
MULTIPLY BY TAX RATE – 3.50 PERCENT	
<b>TOTAL DUE – PAY WITH RETURN</b>	

**LICENSE #**

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

ET	PET	PPT	OCC	WC	SST	SIGN	BAL
OTHER	PRIOR	POLICE	CONT	ID	CREDIT		CHK

MAKE CHECKS PAYABLE TO:

**MICHAEL McMILLAN**  
License Collector  
1200 Market Street, Room 102  
Saint Louis, MO 63103

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.

\_\_\_\_\_  
(PRINT NAME AS SIGNED)

\_\_\_\_\_  
(SIGNATURE OF OFFICER, OWNER OR AUTHORIZED PERSON)

**SEE INSTRUCTIONS ON BACK**  
**PAYMENT REQUIRED WITH APPLICATION**