

CITY OF SAINT LOUIS
MISCELLANEOUS LICENSE APPLICATION

DISTRICT
SUB DISTRICT

CIGARETTE TAX .0875
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 5194

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

# OF ROLLS x 30,000 x .0875	
# OF SHEETS x 100 x .0875	
5% DISCOUNT	
CREDITS (Please call for instructions: (314) 622-4528)	
TOTAL DUE – PAY WITH RETURN	



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.

QUO
FSN
FEL
ICY
E

Roll #	_____
Date Mailed	_____
Clerk	_____

(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

PAYMENT REQUIRED WITH APPLICATION

LIC. APPROVED _____