

St. Louis County Department of Revenue – Division of Licenses

41 S. Central Avenue, Clayton, MO 63105 – Ph: 314/615-4217, Fax: 314/615-5125 [Licensing@stlouisco.com](mailto:Licensing@stlouisco.com)

**Application for PEDDLER/COMMERCIAL SOLICITOR License (unincorporated areas only)  
as defined by Chapter 804, Saint Louis County Revised Ordinances**

Legal Name of Applicant (First, MI, Last)

Permanent Street Address, City, State, Zip Code (NO PO Box Number)

Local Address IF from Out-Of-Town (Residence, Hotel, etc. NO PO Box Number)

Business/Cell/Home Phone with Area Code

Email

Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Sex  M  F Race \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_' \_\_\_\_" Weight \_\_\_\_\_ lbs

Name and Address of Business Represented

Business Phone with Area Code

Business Email/Website

Peddler:

List Merchandise to be Sold

Solicitor:

List of What is Being Solicited, including Name(s) of Manufacturer(s)

Area of St. Louis County Where You are Peddling or Soliciting, Including Intersection, Date & Time (if applicable)

Have you ever been convicted of any violation of Federal, State, County or Municipal Law? If yes, describe, including Punishment or Penalty: \_\_\_\_\_

I certify that the information contained in this application and its attachments is true, correct, and complete to the best of my knowledge. I understand that any misstatement of material facts herein is cause for suspension or revocation of this license.

**MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

Printed Name of Applicant (including title if applicable)

Signature of Applicant (including title if applicable)

Date

Subscribed and sworn before me on the \_\_\_\_ day of \_\_\_\_\_

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary Public