

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

**Application for STREET VENDOR License
as defined by Chapter 812, Saint Louis County Revised Ordinances**

Legal Name of Applicant (First, MI, Last)

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

Cell/Home Phone with Area Code

Email

Registered Agent with Secretary of State No Yes - Name: _____

Name and Address of St. Louis Business Represented

Business Phone with Area Code

Business Email/Website

List all employees who will be vending:

1. _____
2. _____
3. _____
4. _____
5. _____

Describe your operation (e.g. I will be selling snow cones): _____

Year, make and model of your vehicle: _____

Area of St. Louis County where you are vending, including intersection, date & time (if applicable):

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.

Printed Name of Applicant (including title if applicable)

Signature of Applicant (including title if applicable)

Date