



St. Louis County Department of Revenue – Division of Licenses
41 S. Central Avenue, Clayton, MO 63105 – Ph: 314. 615.4217, Fax: 314. 615.5125

Questions? Please visit our [Customer Service Portal](#)

Application for License to Operate a Sexually Oriented Business
as defined by [Chapter 821, Saint Louis County Revised Ordinances](#)

Type of license for which you are applying: New Renewal

Please indicate the type of ownership and complete the corresponding part of the application:

- Corporation/LLC: NEW applicants must attach State Certification of Incorporation & Articles of Incorporation
- Partnership Sole Owner Other: _____

Each applicant, including all corporate officers, must complete the section below. Make copies if additional space is needed and write N/A if the question is not applicable.

Name of Owner, Partnership or Corporation/LLC (exactly as it appears on the Articles of Incorporation or Organization)

Name of Business

Street Address of Business (no PO Box Number)

Mailing Address (if different)

Business Phone incl. area code

Contact Phone incl. area code

Contact Email _____

Website _____

Sole Owner/ Partnership: List All Partners (use additional sheets of paper if needed)

Name (First, MI, Last)

Title

Driver’s License Number

Current Street Address, City, State, Zip

Date of Birth ____/____/_____

Sex ____

Race _____

Name (First, MI, Last) **Title** **Driver's License Number**

Current Street Address, City, State, Zip

Date of Birth ____/____/____ **Sex** ____ **Race** _____

Name (First, MI, Last) **Title** **Driver's License Number**

Current Street Address, City, State, Zip

Date of Birth ____/____/____ **Sex** ____ **Race** _____

Corporate Officers (use additional sheets of paper if needed):

Name (First, MI, Last) **Title** **Driver's License Number**

Current Street Address, City, State, Zip

Date of Birth ____/____/____ **Sex** ____ **Race** _____

Name (First, MI, Last) **Title** **Driver's License Number**

Current Street Address, City, State, Zip

Date of Birth ____/____/____ **Sex** ____ **Race** _____

Name (First, MI, Last) **Title** **Driver's License Number**

Current Street Address, City, State, Zip

Date of Birth ____/____/____ **Sex** ____ **Race** _____

Name (First, MI, Last) **Title** **Driver's License Number**

Current Street Address, City, State, Zip

Date of Birth ____/____/____ **Sex** ____ **Race** _____

Name (First, MI, Last) Title Driver's License Number

Current Street Address, City, State, Zip

Date of Birth ____/____/____ Sex ____ Race _____

List all Employees and Independent Contractors (use additional sheets of paper if needed)
Attach written agreement of each Independent Contractor showing terms, method of payment and computation of compensation.

Name (First, MI, Last) Phone Number incl. area code

Street Address, City, State, Zip

Date of Birth ____/____/____ Social Security Number ____/____/____

Sex ____ Height _____ Weight _____ lbs

Hair Color _____ Eye Color _____

Straight Salary \$ _____ Or Hourly Wage \$ _____

Commission \$ _____ Independent Contractor (agreement attached)

Name (First, MI, Last) Phone Number

Street Address, City, State, Zip

Date of Birth ____/____/____ Social Security Number ____/____/____

Sex ____ Height _____ Weight _____ lbs

Hair Color _____ Eye Color _____

Straight Salary \$ _____ Or Hourly Wage \$ _____

Commission \$ _____ Independent Contractor (agreement attached)

Name (First, MI, Last) Phone Number

Street Address, City, State, Zip

Date of Birth ____/____/____ Social Security Number ____/____/____

Sex ____ Height ____ Weight ____ lbs

Hair Color _____ Eye Color _____

Straight Salary \$ _____ Or Hourly Wage \$ _____

Commission \$ _____ Independent Contractor (agreement attached)

Name (First, MI, Last)

Phone Number

Street Address, City, State, Zip

Date of Birth ____/____/____ Social Security Number ____/____/____

Sex ____ Height ____ Weight ____ lbs

Hair Color _____ Eye Color _____

Straight Salary \$ _____ Or Hourly Wage \$ _____

Commission \$ _____ Independent Contractor (agreement attached)

Name (First, MI, Last)

Phone Number

Street Address, City, State, Zip

Date of Birth ____/____/____ Social Security Number ____/____/____

Sex ____ Height ____ Weight ____ lbs

Hair Color _____ Eye Color _____

Straight Salary \$ _____ Or Hourly Wage \$ _____

Commission \$ _____ Independent Contractor (agreement attached)

Name (First, MI, Last)

Phone Number

Street Address, City, State, Zip

Date of Birth ____/____/____ Social Security Number ____/____/____

Sex ____ Height _____ Weight _____ lbs

Hair Color _____ Eye Color _____

Straight Salary \$ _____ Or Hourly Wage \$ _____

Commission \$ _____ Independent Contractor (agreement attached)

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

STATE OF MISSOURI

COUNTY OF _____ }

I do solemnly swear that the information contained in this application or incorporated by accompanying documents is true, correct and complete to the best of my knowledge.

Printed Name of Owner, Partner or Officer

Signature

Printed Name of Owner, Partner or Officer

Signature

Subscribed and sworn before me on the _____ day of _____, 20____

My commission expires _____

Notary Public

OFFICE USE ONLY

Department

Out

In

By

Police

Health

Public Works
