

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 10TH 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 type="text"/>	5. FEDERAL ID/SS NO.	<input type="text"/>
2. TRUE NAME	<input type="text"/>	6. BUSINESS PHONE	<input type="text"/>
3. STRUCTURE ADDRESS	<input type="text"/>	7. FAX NUMBER	<input type="text"/>
4. MAIL TO: NAME AND ADDRESS	<input type="text"/>	8. SALES/USE TAX NO.	<input type="text"/>
	<input type="text"/>	9. TYPE ORGANIZATION	<input type="text"/>
	<input type="text"/>	10. DATE BUSINESS STARTED	<input type="text"/>
	<input type="text"/>	11. BUSINESS TYPE	<input type="text"/>
	<input type="text"/>	12. NO. OF EMPLOYEES	<input type="text"/>

REPORTED BY TAXPAYER

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

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
P.O. Box 952025
Saint Louis, MO 63195-2025

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