



St. Louis County Department of Revenue – Division of Licenses
41 S. Central Avenue, Clayton, MO 63105 – Ph: 314. 615.5107 **Questions?**

Please visit our [Customer Service Portal](#)

Ownership Information for Lodging Facility

Please complete the section below and be sure to sign in front of a Notary Public. If additional space is needed, attach additional sheets.

Ownership Effective On/Since Date _____

Type of Ownership: ___ Sole Owner ___ Corporation ___ Limited Partnership

___ General Partnership ___ Other: _____

Name of Owner, Partnership or Corporation/LLC (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(s)**

_____ **SOLE OWNER Name (First, MI, Last)** _____

_____ **Street Address, City, State, Zip**

CORPORATION/LLC

_____ **State of Incorporation:** _____ **Date of Incorporation** _____

_____ **Principal Office Street Address, City, State, Zip**

_____ **Principal Office Phone**

_____ **Principal Office Email**

REGISTERED AGENT (if applicable)

Name (First, MI, Last)

Title

Street Address, City, State, Zip

CORPORATE OFFICERS (use additional sheets of paper if needed):

Name (First, MI, Last)

Title

Street Address, City, State, Zip

Name (First, MI, Last)

Title

Street Address, City, State, Zip

Name (First, MI, Last)

Title

Street Address, City, State, Zip

PARTNERSHIP: List All Partners (use additional sheets of paper if needed):

Name (First, MI, Last)

Title

Street Address, City, State, Zip

Name (First, MI, Last)

Title

Street Address, City, State, Zip

Name (First, MI, Last)

Title

Street Address, City, State, Zip

Name (First, MI, Last)

Title

Street Address, City, State, Zip

OTHER UNINCORPORATED ASSOCIATION: List All Associates (use additional sheets of paper if needed):

Name (First, MI, Last) **Title**

Street Address, City, State, Zip

Name (First, MI, Last) **Title**

Street Address, City, State, Zip

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

STATE OF MISSOURI

COUNTY OF _____ }

The information contained in this application and 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