



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 Massage Establishment or Outcall Massage Service
as defined by [Chapter 626, Saint Louis County Revised Ordinances](#)
This application will be referred to the Police for annual background checks**

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, stockholders, partners, etc. must complete the section below. Make copies if additional space is needed.

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 (with area code)

Contact Phone (with area code)

Contact Email _____

Website _____

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

Name (First, MI, Last)

Title

Current Street Address, City, State, Zip

Last Two (2) Previous Addresses:

Street Address, City, State, Zip

Street Address, City, State, Zip

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

Sex ____ **Height** _____ **Weight** _____ **lbs**

Hair Color _____ **Eye Color** _____

Businesses, occupations, or employment for three (3) years immediately preceding date of application: _____

Previous experience operating a massage establishment, outcall massage service or similar business or occupation: _____

Have you ever had a permit to operate a massage establishment, outcall massage service that was revoked or suspended in Missouri or any other state?

No **Yes:** _____

Have you ever been convicted for violation of any criminal statutes or ordinances other than minor traffic violations?

No **Yes:** _____

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

Current Street Address, City, State, Zip

Last Two (2) Previous Addresses:

Street Address, City, State, Zip

Street Address, City, State, Zip

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

Sex ____ **Height** _____ **Weight** _____ **lbs**

Hair Color _____ **Eye Color** _____

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No **Yes:** _____

Have you ever been convicted for violation of any criminal statutes or ordinances other than minor traffic violations?

No **Yes:** _____

Corporation/LLC:

Place of Incorporation: _____ **Date of Incorporation** _____

Principal Office in Missouri (Street Address, City, State, Zip)

List ALL Corporate Officers/Directors/Stockholders (use additional sheets of paper if needed):

Name (First, MI, Last)

Title

Current Street Address, City, State, Zip

Last Two (2) Previous Addresses:

Street Address, City, State, Zip

Street Address, City, State, Zip

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

Sex ____ **Height** _____ **Weight** _____ **lbs**

Hair Color _____ **Eye Color** _____

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No **Yes:** _____

Name (First, MI, Last)

Title

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Last Two (2) Previous Addresses:

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Have you ever had a permit to operate a massage establishment, outcall massage service that was revoked or suspended in Missouri or any other state?

No **Yes:** _____

Have you ever been convicted for violation of any criminal statutes or ordinances other than minor traffic violations?

No **Yes:** _____

**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**

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**

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 _____

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 _____

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 _____

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 _____

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