

Application for License to Operate Teen Club
as defined by Chapter 823, Saint Louis County Revised Ordinances

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

Corporation/LLC Partnership Sole Owner Other: _____

Federal Identification Number (FEIN) _____

**Each Applicant, including all corporate officers/members, partners, etc. must complete the section below.
Make copies if additional space is needed.**

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

Name of Teen Club

Street Address of Teen Club (no PO Box Number)

Mailing Address (if different)

Business Phone (with area code)

Contact Phone (with area code)

Contact Email/Website

Corporation/LLC:

Place of Incorporation: _____ Date of Incorporation _____

Principal Office Street Address, City, State, Zip

List ALL Corporate Officers or Members, including the registered agent (use additional sheets of paper if needed):

Name (First, MI, Last) Title

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/____

Name (First, MI, Last) Title

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/____

Name (First, MI, Last) Title

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____ / ____ / _____

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

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

Phone Number _____ Social Security Number ____ / ____ / _____

Sole Owner (include all aliases)

Name (First, MI, Last) _____

Current Street Address, City, State, Zip _____

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

Phone Number _____ Social Security Number ____ / ____ / _____

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

Name (First, MI, Last) _____

Current Street Address, City, State, Zip _____

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

Phone Number _____ Social Security Number ____ / ____ / _____

Name (First, MI, Last) _____

Current Street Address, City, State, Zip _____

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

Phone Number _____ Social Security Number ____ / ____ / _____

Name (First, MI, Last) _____

Current Street Address, City, State, Zip _____

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

Phone Number _____ Social Security Number ____ / ____ / _____

Name (First, MI, Last) _____

Current Street Address, City, State, Zip _____

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

Phone Number _____ Social Security Number ____ / ____ / _____

List ALL Employees, including self, part-time who will be involved in the Teen Club under the license and submit a copy of each Driver's License.

Name (First, MI, Last)

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/____

Name (First, MI, Last)

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/____

Name (First, MI, Last)

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/____

Name (First, MI, Last)

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/____

Name (First, MI, Last)

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/____

Name (First, MI, Last)

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/____

Name (First, MI, Last)

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/_____

Name (First, MI, Last)

Current Street Address, City, State, Zip

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

Phone Number _____ Social Security Number ____/____/_____

Have any of the persons listed on this application – except registered agents – had a teen club license or permit revoked, suspended or denied by any government entity with the last five (5) years?

No Yes: Name of the business, government entity and the date on which the license or permit was suspended, revoked or denied _____

Has the applicant or any individual listed on this application held any other Teen Club Licenses?

No Yes: Names and locations of those businesses _____

The undersigned applicant(s) state(s) that the information contained in this application and/or incorporated reference is true, correct and complete to the best of his/hers/their knowledge.

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 of Owner, Partner or Officer

Subscribed and sworn before me on the _____ day of _____

My commission expires _____

Notary Public

OFFICE USE ONLY

<u>Department</u>	<u>Out</u>	<u>In</u>	<u>By</u>
Police	_____	_____	_____
Health	_____	_____	_____
Public Works - Building	_____	_____	_____
Public Works – Zoning	_____	_____	_____