



**St. Louis County Department of Revenue – Division of Licenses**  
 41 S. Central Avenue, Clayton, MO 63105 – Ph: 314. 615.4217, Fax: 314. 615.5125  
[Licensing@stlouiscountymo.gov](mailto:Licensing@stlouiscountymo.gov)

**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**

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**Signature of Owner, Partner or Officer**

-----  
**Printed Name of Owner, Partner or Officer**

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**Signature of Owner, Partner or Officer**

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires \_\_\_\_\_

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**Notary Public**