



**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)

**Application for STREET VENDOR License**  
as defined by [Chapter 812, Saint Louis County Revised Ordinances](#)

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**Legal Name of Applicant (First, MI, Last)**

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**Permanent Street Address, City, State, Zip Code (NO PO Box Number)**

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**Cell/Home Phone with Area Code**

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**Email**

**Registered Agent with Secretary of State**  No  Yes - Name: \_\_\_\_\_

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**Name and Address of St. Louis Business Represented**

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**Business Phone with Area Code Business Email/Website**

**List all employees who will be vending:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Describe your operation (e.g. I will be selling snow cones):**

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**Year, make and model of your vehicle:** \_\_\_\_\_

**Area of St. Louis County where you are vending, including intersection, date & time (if applicable):**

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**I certify that the information contained in this application and its attachments is true, correct, and complete to the best of my knowledge. I understand that any misstatement of material facts herein is cause for suspension or revocation of this license.**

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**Printed Name of Applicant (including title if applicable)**

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**Signature of Applicant**

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**Date**