



**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 Exemption from Indoor Clean Air Act, [County Ordinance 605.076](#)**

**Business Name:** \_\_\_\_\_

**Managing Officer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**How long has the establishment been in business?**  Over 1 Year  Less than 1 Year

**St. Louis County Liquor License #** \_\_\_\_\_

**Certification of Revenue**

I, \_\_\_\_\_, understand that this certification is a requirement of Section 605.076.1, St. Louis County Revised Ordinances. I have examined the information furnished in the table below and hereby certify under oath that the information accurately represents the food vs beverage and food gross sales for the reporting period.

Fiscal Year	Gross Food & Beverage Sales		Food Sales ONLY	
	\$ Amount	Percentage of Total Food & Beverage Sales	\$ Amount	Percentage of Food Sales to Beverages
		100%		

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 & Title of Applicant** **Signature**

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

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

\_\_\_\_\_  
**Notary Public**