



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](#)

Change of 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 _____

Former Name of Facility (if applicable) _____

Former Owner of Facility _____

Current Information:

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

Signature

Printed Name of Owner, Partner or Officer

Signature

Subscribed and sworn before me on the _____ day of _____, 20____

My commission expires _____

Notary Public