



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](#)

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

Legal Name of Applicant (First, MI, Last)

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

----- / -----
Cell/Home Phone with Area Code Email

Registered Agent with Secretary of State No Yes - Name: -----

Name and Address of St. Louis Business Represented

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):

Year, make and model of your vehicle: -----

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

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.

Printed Name of Applicant (including title if applicable)

Signature of Applicant

Date