



St. Louis County Department of Revenue – Division of Licenses

41 S. Central Avenue, Clayton, MO 63105 – 314. 615.5107

Licensing@stlouiscountymo.gov

Application for License to Operate Teen Club
as defined by [Chapter 823, Saint Louis County Revised Ordinances](#)

Please indicate the type of ownership and complete the corresponding part of the application:

Corporation/LLC Partnership Sole Owner Other: _____

Federal Identification Number (FEIN) _____

Each Applicant, including all corporate officers/members, partners, etc. must complete the section below. Make copies if additional space is needed.

Name of Owner (include aliases if any), Partnership or Corporation/LLC (exactly as it appears on the Articles of Incorporation or Organization)

Name of Teen Club _____

Street Address of Teen Club (no PO Box Number)

Mailing Address (if different)

Business Phone incl. area code

Contact Phone incl. area code

Contact Email/Website _____

Corporation/LLC:

Place of Incorporation: _____ **Date of Incorporation** _____

Principal Office Street Address, City, State, Zip

List ALL Corporate Officers or Members, including the registered agent (use additional sheets of paper if needed):

Name (First, MI, Last) _____ **Title** _____

Current Street Address, City, State, Zip

Phone Number _____ **Social Security Number** _____/_____/_____

Date of Birth ____/____/____ **Sex** _____ **Race** _____

Name (First, MI, Last)

Title

Current Street Address, City, State, Zip

Phone Number ----- **Social Security Number** -----/-----/-----

Date of Birth -----/-----/----- **Sex** ----- **Race** -----

Name (First, MI, Last)

Title

Current Street Address, City, State, Zip

Phone Number ----- **Social Security Number** -----/-----/-----

Date of Birth -----/-----/----- **Sex** ----- **Race** -----

Name (First, MI, Last)

Title

Current Street Address, City, State, Zip

Phone Number ----- **Social Security Number** -----/-----/-----

Date of Birth -----/-----/----- **Sex** ----- **Race** -----

Sole Owner (include all aliases)

Name (First, MI, Last)

Title

Current Street Address, City, State, Zip

Phone Number ----- **Social Security Number** -----/-----/-----

Date of Birth -----/-----/----- **Sex** ----- **Race** -----

Partnership: List All General Partners (use additional sheets of paper if needed)

Name (First, MI, Last)

Title

Current Street Address, City, State, Zip

Phone Number ----- **Social Security Number** -----/-----/-----

Date of Birth ____/____/____ Sex ____ Race _____

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

Phone Number _____ Social Security Number ____/____/____

Date of Birth ____/____/____ Sex ____ Race _____

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

Phone Number _____ Social Security Number ____/____/____

Date of Birth ____/____/____ Sex ____ Race _____

List ALL Employees, including self, part-time who will be involved in the Teen Club under the license and submit a copy of each Driver's License.

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

Phone Number _____ Social Security Number ____/____/____

Date of Birth ____/____/____ Sex ____ Race _____

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

Phone Number _____ Social Security Number ____/____/____

Date of Birth ____/____/____ Sex ____ Race _____

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

Phone Number _____ Social Security Number ____/____/____

Date of Birth ____/____/____ Sex ____ Race _____

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

Phone Number _____ Social Security Number ____/____/____

Date of Birth ____/____/____ Sex ____ Race _____

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

Phone Number _____ Social Security Number ____/____/____

Date of Birth ____/____/____ Sex ____ Race _____

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

Phone Number _____ Social Security Number ____/____/____

Date of Birth ____/____/____ Sex ____ Race _____

Name (First, MI, Last) _____ Title _____

Current Street Address, City, State, Zip _____

Phone Number _____ Social Security Number ____/____/____

Date of Birth ____/____/____ Sex ____ Race _____

Has anyone listed on this application – except registered agents – had a teen club license or permit revoked, suspended or denied by any government entity within the last five (5) years?

No Yes: Name of the business, government entity and the date on which the license or permit was suspended, revoked or denied:

Has the applicant or any individual listed on this application held any other Teen Club Licenses?

No Yes: Names and locations of those businesses:

The undersigned applicant(s) state(s) that the information contained in this application and/or incorporated reference is true, correct and complete to the best of his/hers/their knowledge.

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

STATE OF MISSOURI

COUNTY OF _____ }

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 of Owner, Partner or Officer **Signature**

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

My commission expires _____

Notary Public

OFFICE USE ONLY

<u>Department</u>	<u>Out</u>	<u>In</u>	<u>By</u>
Police	-----	-----	-----
Health	-----	-----	-----
PW - Building	-----	-----	-----
PW - Zoning	-----	-----	-----