

APPLICATION FOR LICENSE OF A PAWNSHOP

APPLICATION IS HEREBY MADE TO THE DIRECTOR OF LICENSE, DEPARTMENT OF REVENUE, ST. LOUIS COUNTY, 41 SOUTH CENTRAL AVENUE, CLAYTON, MISSOURI, 63105, FOR A LICENSE AS A PAWNBROKER AS DEFINED IN CHAPTER 818, ST. LOUIS COUNTY REVISED ORDINANCES 1992. PLEASE REVIEW ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. \_\_\_\_\_  
Correct Legal Name of Owner, Partnership or Corporation

2. \_\_\_\_\_  
Name of Business

3. \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address City State Zip

4. \_\_\_\_\_  
Mailing Address (If different than #3)

5. Type of Ownership (check one):  
 Sole Owner \_\_\_\_\_  
 Corporation \_\_\_\_\_  
 Partnership: General \_\_\_\_\_  
 Limited \_\_\_\_\_

6. SOLE OWNER -

\_\_\_\_\_

Full First Name Middle Initial Last

\_\_\_\_\_

Street Address City State Zip

7. CORPORATION

A) \_\_\_\_\_  
State of Incorporation Date of Incorporation

\_\_\_\_\_

Address of Principal Office City State Zip

B) List of Corporate Officers, Stockholders, Directors

\_\_\_\_\_

Full First Name Middle Initial Last Title

\_\_\_\_\_

Street Address City State Zip

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Full First Name Middle Initial Last Title

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Street Address City State Zip

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Full First Name Middle Initial Last Title

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Street Address City State Zip

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