



City of University City

Application for Vendor Permit

INSTRUCTIONS

Complete the relevant items on the checklist for your business and the application in full.

Incomplete applications cannot be processed.

Please attach all documentation at the time of submission.

Applications may take up to one week for review and approval.

Application Submittal Requirements:

Businesses located in University City that hold a current license are not required to obtain a Vendor Permit.

- Complete the application for Vendor Permit in its entirety.
- Submit payment. The fee is \$30 per day.
- Any business selling or handling food is required to be licensed by St Louis County Health Department. A copy of the license must be submitted to the Finance Department for verification.

St Louis County Department of Health

St Louis County Department of Health
6121 N Hanley Rd
Berkeley, MO 63134
314.615.8900

- Does your business make sales subject to sales tax? Yes No

If yes, a Certificate of No Tax Due and copy of Retail Sales Tax License must be submitted with this application. Missouri Revised Statutes require verification of a Certificate of No Tax Due for all new application and renewals of Business Licenses. In order to obtain a Retail Sales Tax License and a Certificate of No Tax Due, you may either call 573.751.5860 or register online at <http://dor.mo.gov/business/register>.

- Will you be selling alcohol on the premises? Yes No



City of University City

Application for Vendor Permit

Event Date: _____

License #: _____

Date Paid: _____

Personal Information

First and Last Name (if corporation, complete business section below):	Home Address:
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Daytime Phone:	Email Address:	Emergency Contact (Name & Telephone):
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Describe the activity of your business (provide details of the items that you will sell (i.e. hot dogs, clothing, books, etc.):

Purpose of Activity: <input type="checkbox"/> Non-Profit (Donations/Fundraising) <input type="checkbox"/> Profit	Please list employees/representatives working at event:
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Event name and date the Vendor Permit will be used for:

Business Information

Business DBA Name: _____

Corporate Name: _____

Current Address: _____

City, State, Zip: _____

Business Owner Information

Entity Type: Individual LLC Corp.—State Inc. Ltd. Partnership 501(c)3 Other

Owners, Partners , Name _____ **Title** _____

LLC Members, or **Officers** **Home Address** _____ **Driver’s License Number** _____

(For Additional **City, State, Zip** _____ **Phone** _____

Names, Please **Name** _____ **Title** _____

Attach List) **Home Address** _____ **Driver’s License Number** _____

City, State, Zip _____ **Phone** _____

Declaration of Authorized Representative

APPLICATION MUST BE SIGNED BY OWNER, AUTHORIZED REPRESENTATIVE, OR MANAGING OFFICER			
SIGNATURE _____	TITLE _____		
PRINT NAME _____	PHONE _____		