



# City of MARYLAND HEIGHTS

License #: <u>ITN</u>
Amount Paid: _____
For City Use Only

## APPLICATION FOR ITINERANT MERCHANT LICENSE

Type or print clearly

### APPLICATION REQUIRMENTS:

1. Completed application.
2. Check for \$50 for current calendar year (Payable to: City of Maryland Heights)
3. A Certificate of No Tax Due issued by the Missouri Department of Revenue's Taxation Division for the applicable Sales Tax License. The Certificate of No Tax Due must list Maryland Heights on it.

### APPLICANT INFORMATION:

Name of Applicant (Last, First, Middle Initial): \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_, ZIP \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN or DL# \_\_\_\_\_

### BUSINESS INFORMATION:

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Missouri Sales Tax License # \_\_\_\_\_

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Date of latest application filed with the city: \_\_\_\_\_

Has an itinerant merchant license issued to you or the company ever been revoked?

Yes \_\_\_\_\_ NO \_\_\_\_\_

Have you or the company ever been convicted of any violation(s) of provisions of any ordinance regulating itinerant merchants? Yes \_\_\_\_\_ NO \_\_\_\_\_

Have you or the company ever been convicted of a felony under the laws of the state or any other state or federal law?

Yes \_\_\_\_\_ NO \_\_\_\_\_

Please complete page two of this application.

**DESCRIPTION OF TEMPORARY SALES:**

Type of temporary sales (check one):

- Food
- Seasonal Produce
- Other \_\_\_\_\_

Temporary structures to be erected on site (check all that apply):

- Trailer
- Cart
- Canopy
- Signage (freestanding signs are not permitted)  
Description of Signage \_\_\_\_\_
- Awning
- Umbrella
- Table(s)
- Other \_\_\_\_\_

Temporary Electrical Hookups Proposed: Yes \_\_\_\_\_ NO \_\_\_\_\_

**APPLICANT ACCEPTANCE**

I CERTIFY THAT I AM THE OWNER/MANAGING OFFICER OF THE BUSINESS TO BE CONDUCTED, THAT THE BUSINESS WILL BE CONDUCTED IN ACCORDANCE WITH ALL APPLICABLE LAWS, AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

I AGREE TO FIRST OBTAIN PERMISSION FROM THE UNDERLYING PROPERTY OWNER BEFORE CONDUCTING ANY BUSINESS ACTIVITY.

I UNDERSTAND THAT AN INSPECTIONS MUST BE OBTAINED FROM ST. LOUIS COUNTY FOR TEMPORARY ELECTRICAL HOOKUPS AND TEMPORARY STRUCTURES; FURTHER, THAT INSPECTION IF APPLICABLE, MUST BE OBTAINED FROM THE ST. LOUIS COUNTY HEALTH DEPARTMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE

THE ITINERANT MERCHANT LICENSE WILL EXPIRE DECEMBER 31<sup>ST</sup> OF THE CURRENT CALENDAR YEAR. ITINERANT MERCHANTS WILL BE REQUIRED TO PAY \$50.00 PER CALENDAR YEAR. RENEWAL FORMS WILL BE FURNISHED BY THE CITY CLERKS OFFICE.

Please return this form to:  
City of Maryland Heights  
Attn: Licensing  
11911 Dorsett Rd  
Maryland Heights, MO 63043

**314-291-6550**

**WWW.MARYLANDHEIGHTS.COM**

**CITY CLERKS OFFICE**