



Application for Itinerant Merchant License

Return the following to City of Frontenac, 10555 Clayton Road, Frontenac, MO 63131

Effective 6/20/2007

1. Completed application
2. Check or money order in the proper amount (\$100.00, if applicable)

Date: _____ Missouri Retail Sales License Number: _____

Name of Applicant (last, first, middle): _____

Home Address (street, city, state, zip): _____

Business Address (street, city, state, zip): _____

Business Phone: _____ Business Fax: _____

Date of Birth: _____ Social Security Number: _____

Name of Company: _____ Phone #: _____

Company Address (street, city, state, zip): _____

Please check: ☐ Individual ☐ Partnership ☐ Corporation

Date of Applicant's or Company's latest application filed with the City of Frontenac: _____

Have you or the company ever been convicted of violation of provisions of any ordinance regulating soliciting, peddling, or buying? _____

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

Description of items for sale or purchase: _____

Location of temporary business: _____

Dates of operation: _____ Times of operation: _____

Emergency contact person: _____ Phone #: _____

I UNDERSTAND THAT INSPECTIONS AS APPLICABLE 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.
THE INFORMATION GIVEN ABOVE IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature and title of applicant

Date

(Office Use Only)

License #: _____ Date Issued: _____ Amount Paid \$ _____ Received by/Approved by: _____