



St. Louis County Department of Revenue – Division of Licenses
 41 S. Central Avenue, Clayton, MO 63105 – Ph: 314. 615.4217, Fax: 314. 615.5125
Licensing@stlouiscountymo.gov

Application for Pawnshop License
 as defined in [Chapter 818, Saint Louis County Revised Ordinances](#)

Please complete the section below and be sure to include the items listed on the instructions with your completed application. If additional space is needed, please use and attach additional sheets.

Type of Ownership: Sole Owner Corporation Limited Partnership
 General Partnership _____

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

Name of Business _____

Street Address of Business (no PO Box Number)

Mailing Address (if different)

Business Phone (with area code)

Contact Phone (with area code)

Contact Email(s)

SOLE OWNER

Name (First, MI, Last) _____

Street Address, City, State, Zip

CORPORATION/LLC

State of Incorporation: _____ **Date of Incorporation** _____

Principal Office Street Address, City, State, Zip

Corporate Officers, Stockholder, Directors (use additional sheets of paper if needed):

Name (First, MI, Last) _____

Street Address, City, State, Zip

Name (First, MI, Last) _____

Street Address, City, State, Zip _____

Name (First, MI, Last) _____

Street Address, City, State, Zip _____

Name (First, MI, Last) _____

Street Address, City, State, Zip _____

PARTNERSHIP: List All Partners

Name (First, MI, Last) _____

Street Address, City, State, Zip _____

Name (First, MI, Last) _____

Street Address, City, State, Zip _____

Name (First, MI, Last) _____

Street Address, City, State, Zip _____

Name (First, MI, Last) _____

Street Address, City, State, Zip _____

Have any of the persons listed on this application ever been convicted of any violation of any Statute, Law or Ordinance involving theft, possession of stolen property, drugs or narcotics, embezzlement, extortion, forgery, gambling, bribery, perjury, any weapons offense, or any crime of violence within the last five years? No Yes (describe fully):

List ALL other locations you currently own and/or operate as a pawnshop

Name _____

Street Address, City, State, Zip _____

Name _____

Street Address, City, State, Zip _____

Name _____

Street Address, City, State, Zip _____

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

STATE OF MISSOURI

COUNTY OF _____ }

The information contained in this application and accompanying documents is true, correct and complete to the best of my knowledge.

Printed Name of Owner, Partner, or Officer

Signature

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

Police Location Check IN _____ OUT _____ BY _____

Police Background Check IN _____ OUT _____ BY _____