



Questions? Please visit our [Customer Service Portal](#)

**Application for Amusement Center or Penny Arcade License
as defined by [Chapter 627, Saint Louis County Revised Ordinances](#)**

Please indicate the type of license for which you are applying: ___ New ___ Renewal

Please indicate the type of ownership and complete the corresponding part of the application:

___ Corporation/LLC ___ Partnership ___ Sole Owner ___ Other: _____

The items listed below must be submitted with your application:

- Completely filled out, signed and notarized application form;
- Paid business personal property tax receipt or waiver. To obtain a merchant’s license or if you have questions regarding personal property, please call 314.615.5103;
- Non-refundable application fee made payable to ‘St. Louis County Director of Revenue’: \$350.00 for new application, \$250.00 for renewal;
- New applicants and those with changes since submittal of original application** must include accurately scaled and fully dimensional plans of the premises, showing the location of the machines for submittal and approval by the Public Works Department;
- New applicants and those with changes since submittal of original application** must include a copy of the lease or other document indicating the terms under which the premises are occupied;
- New corporate applicants or those whose Articles of Incorporation have changed since submittal with original application** must include a copy of the State Certificate of Incorporation, the Articles of Incorporation and all amendments to the original Articles of Incorporation.

All applicants must complete the section below – subject to police background check

1. _____
Name of Owner, Partnership or Corporation/LLC (exactly as it appears on the Articles of Incorporation or Organization)
2. _____
Name of Business
3. _____
Street Address of Business (no PO Box Number)
4. _____
Mailing Address (if different)
5. _____
Business Phone with area code **Contact Phone** with area code
6. **Contact Email** _____
7. **Sole Owner**

Name (First, MI, Last)

Street Address, City, State, Zip

Date of Birth ___/___/____ **Sex** _____ **Race** _____
Social Security Number _____ / _____ / _____

8. **Partnership: List All Partners** (use additional sheets of paper if needed)

Name (First, MI, Last)

Street Address, City, State, Zip

Date of Birth ___/___/_____ Sex _____ Race _____

Social Security Number ____ / ____ / _____

Name (First, MI, Last)

Street Address, City, State, Zip

Date of Birth ___/___/_____ Sex _____ Race _____

Social Security Number ____ / ____ / _____

Name (First, MI, Last)

Street Address, City, State, Zip

Date of Birth ___/___/_____ Sex _____ Race _____

Social Security Number ____ / ____ / _____

9. **Corporation/LLC:**

State of Incorporation: _____ Date of Incorporation _____

Principal Office Street Address, City, State, Zip

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

Name (First, MI, Last)

Street Address, City, State, Zip

Date of Birth ___/___/_____ Sex _____ Race _____

Social Security Number ____ / ____ / _____

Name (First, MI, Last)

Street Address, City, State, Zip

Date of Birth ___/___/_____ Sex _____ Race _____

Social Security Number ____ / ____ / _____

Name (First, MI, Last)

Street Address, City, State, Zip

Date of Birth ___/___/____ **Sex** _____ **Race** _____

Social Security Number ____ / ____ / _____

10. List number and type of machines to be used Use additional sheets of paper if needed.

Number	Type

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 and correct.

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

Public Works: IN _____ **OUT** _____

Police: IN _____ **OUT** _____

Number of ID cards requested _____ **Identification Number** _____