



City of MARYLAND HEIGHTS

License #:	ITN _____
Amount Paid:	_____
PD Approval:	_____
For City Use Only	_____

APPLICATION FOR ITINERANT MERCHANT LICENSE

Type or print clearly

APPLICATION REQUIREMENTS:

1. Completed application.
2. Check/Payment for \$50 for current calendar year (Payable to: City of Maryland Heights)
3. A current 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.
4. A Letter of Authorization from the property owner where the food truck will be operating.

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

Is this application for a food truck associated with a special event? Yes _____ NO _____ (If yes, please specify event name and date)

Has any itinerant merchant license issued to you or the company ever been revoked?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 OBTAIN PERMISSION FROM THE UNDERLYING PROPERTY OWNER BEFORE CONDUCTING ANY BUSINESS ACTIVITY.

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

Signature

DATE

THE ITINERANT MERCHANT LICENSE WILL EXPIRE DECEMBER 31ST 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: City Clerk - Licensing
11911 Dorsett Rd
Maryland Heights, MO 63043