



St. Louis County Department of Revenue – Division of Licenses  
41 S. Central Avenue, Clayton, MO 63105 – Ph: 314. 615.5107

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

**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** incl. area code

\_\_\_\_\_  
**Contact Phone** incl. area code

\_\_\_\_\_  
**Contact Email(s)**

\_\_\_\_\_  
**Website**

**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):

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**Name (First, MI, Last)**

-----  
**Title**

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**Street Address, City, State, Zip**

-----  
**Name (First, MI, Last)**

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**Title**

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**Street Address, City, State, Zip**

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**Name (First, MI, Last)**

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**Title**

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**Street Address, City, State, Zip**

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**Name (First, MI, Last)**

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**Title**

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**Street Address, City, State, Zip**

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**Name (First, MI, Last)**

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**Title**

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**Street Address, City, State, Zip**

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**Name (First, MI, Last)**

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**Title**

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**Street Address, City, State, Zip**

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**Name (First, MI, Last)**

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**Title**

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**Street Address, City, State, Zip**

**PARTNERSHIP: List All Partners**

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**Name (First, MI, Last)**

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**Title**

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**Street Address, City, State, Zip**

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**Name (First, MI, Last)**

**Title**  
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**Street Address, City, State, Zip**  
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**Name (First, MI, Last)**

**Title**  
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**Street Address, City, State, Zip**  
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**Name (First, MI, Last)**

**Title**  
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**Name (First, MI, Last)**

**Title**  
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**Street Address, City, State, Zip**  
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**Name (First, MI, Last)**

**Title**  
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**Street Address, City, State, Zip**  
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**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:**

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

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**Name** Address

-----  
**Name** Address

-----  
**Name** Address

-----  
**Name** Address

**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

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**Printed Name of Owner, Partner or Officer** Signature

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires \_\_\_\_\_

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**Notary Public**

**OFFICE USE ONLY**

**Police Location Check** IN \_\_\_\_\_ OUT \_\_\_\_\_ BY \_\_\_\_\_

**Police Background Check** IN \_\_\_\_\_ OUT \_\_\_\_\_ BY \_\_\_\_\_