



**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](#)

**Change of Ownership Information for Lodging Facility**

Please complete the section below and be sure to sign in front of a Notary Public. If additional space is needed, attach additional sheets.

**Ownership Effective On/Since Date** \_\_\_\_\_

**Former Name of Facility (if applicable)** \_\_\_\_\_

**Former Owner of Facility** \_\_\_\_\_

**Current Information:**

**Type of Ownership:**    \_\_ Sole Owner    \_\_ Corporation    \_\_ Limited Partnership

\_\_ General Partnership    \_\_ Other: \_\_\_\_\_

**Name of Owner, Partnership or Corporation/LLC** (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)** \_\_\_\_\_

**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**

-----  
**Principal Office Phone**

-----  
**Principal Office Email**

**REGISTERED AGENT** (if applicable)

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

-----  
**Title**

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

**CORPORATE OFFICERS** (use additional sheets of paper if needed):

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

-----  
**Title**

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

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

-----  
**Title**

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

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

-----  
**Title**

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

**PARTNERSHIP: List All Partners** (use additional sheets of paper if needed):

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

-----  
**Title**

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

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

-----  
**Title**

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

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

**Title**

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

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

**Title**

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

**OTHER UNINCORPORATED ASSOCIATION: List All Associates** (use additional sheets of paper if needed):

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

**Title**

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

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

**Title**

-----  
**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 \_\_\_\_\_

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**Notary Public**