

ST. CHARLES COUNTY CONVENTION & SPORTS FACILITIES AUTHORITY
REGISTRATION / OWNERSHIP INFORMATION FORM FOR SLEEPING ROOM TAX FACILITIES

Correct Legal Name of Owner (Proprietorship, Partnership, or Corporation) _____
Date Opened

Doing Business As and Name Facility is Advertised Under _____
No. of Rooms

Physical Address of Facility _____
Telephone No.

Mailing Address (if different) City State Zip

Email Address _____
Website

Designated Contact Representative Mailing Address City State Zip

Telephone No. _____
Email Address

Type of Ownership: (Check one) Proprietorship () Partnership () Corporation ()

Proprietorship – List the name and address of proprietor.

Name Street Address City State Zip

Partnership – List the names and addresses of all partners. (If additional space required, attach a separate sheet.)

Name Street Address City State Zip

Name Street Address City State Zip

Corporation – List the name and address of the Corporation’s registered agent in Missouri.

Name Street Address City State Zip

Signature of Proprietor, Partner or authorized Corporate Officer

Seal

Subscribed and sworn before me this ____ day of _____, 20__.

By: _____

My Commission Expires: _____

RETURN THIS FORM TO:
(Questions: Call 636-896-1830)

**ST. CHARLES COUNTY CONVENTION & SPORTS
FACILITIES AUTHORITY P.O. BOX 858
ST CHARLES, MO 63302
Or email to: dtocco@stcharlescountycsfamo.gov**