



TEMPORARY/CATERER'S LIQUOR LICENSE APPLICATION

BUSINESS INFORMATION

Name of Business/Legal Entity () Indiv () Partnership () Corp () LLC D/B/A

Business Physical Address City County State Zip

Business Mailing Address City County State Zip

Owner/Managing Agent Phone Number Email Address

Contact Name/Position Phone Number Email Address

EVENT INFORMATION

Event Name Event Date Event Hours Starting Time | Ending Time

Location of Event (Street Address) Location of Liquor on Premises

Property Owner Phone Number Email Address

Event Contact Name/Position Phone Number Email Address

ADDITIONAL DOCUMENTS REQUIRED/PLEASE ATTACH

- Detailed diagram of area where alcohol will be sold/consumed. Include accurate dimensions, how the defined area will be enclosed roping/fencing is required, event parking and traffic circulation, if applicable
- Security plan at entrances/exits
- Copy of written authorization from the property owner allowing the sale and consumption of alcoholic beverages or a contract between the caterer and the event sponsor
- Premises are _____ feet from nearest school, church or other building used for religious worship
- Copy of current State and County liquor licenses
- Copy of applicant's driver's license
- A caterers permit from MO Division of Alcohol and Tobacco Control must also be obtained.

