



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL

**APPLICATION FOR SPECIAL PERMIT TO REMAIN OPEN ON ALL DAYS OF THE
WEEK EXCEPT SUNDAY BETWEEN THE HOURS OF 1:30 AM AND 3:00 AM
COMMON EATING AND DRINKING AREAS**

TYPE OR USE ONLY BLACK INK TO COMPLETE THIS APPLICATION

LEGAL NAME OF ENTITY

DOING BUSINESS AS

PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)

CITY, STATE, ZIP CODE

BUSINESS TELEPHONE NUMBER

I/We, _____, being the holder of a license issued by the
MANAGING OFFICER, SOLE OWNER, PARTNERS

Supervisor of Alcohol and Tobacco Control to sell intoxicating liquor by the drink not for consumption on
the premises where sold but for consumption in a common eating and drinking area,

_____ at _____,
LICENSE NUMBER ADDRESS OF BUSINESS

hereby make application for a special permit to remain open on all days of the week except Sunday
between the hours of 1:30 a.m. and 3:00 a.m. as provided in Section 311.096, RSMo.

I certify that the licensed premises for which I make application for a special permit under this section is
located in an area which has been designated as a convention trade area by the governing body of the
appropriate city or county.

SIGNATURE OF MANAGING OFFICER, OWNER OR PARTNER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSER OR
BLACK INK RUBBER STAMP

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC NAME (TYPED OR PRINTED)

FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW

Based on the information contained herein, the undersigned forward this application for consideration by the Supervisor of
Alcohol and Tobacco Control and hereby recommend that this application be approved and the license issued.

AGENT

DISTRICT SUPERVISOR

STATE SUPERVISOR