



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 ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (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
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

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
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STATE SUPERVISOR