



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL

**APPLICATION FOR SPECIAL PERMIT TO REMAIN OPEN ON EACH DAY OF THE WEEK BETWEEN THE HOURS OF 1:30 AM AND 3:00 AM  
ST. LOUIS COUNTY**

**TYPE OR USE ONLY BLACK INK TO COMPLETE THIS APPLICATION**

LEGAL NAME OF ENTITY \_\_\_\_\_

DOING BUSINESS AS \_\_\_\_\_

PHYSICAL LOCATION ADDRESS (STREET ADDRESS) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_

I/We, \_\_\_\_\_ being the holder of a license issued by the Supervisor of Alcohol and Tobacco Control to sell intoxicating liquor by the drink for consumption on the premises, \_\_\_\_\_ at \_\_\_\_\_  
MANAGING OFFICER, SOLE OWNER, PARTNERS LICENSE NUMBER  
 \_\_\_\_\_ hereby make application for a special permit to remain  
ADDRESS OF BUSINESS

open on each day of the week between the hours of 1:30 a.m. and 3:00 a.m. as provided in Section 311.178, RSMo.

I certify that the licensed premise 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 city. In support of this application I further certify the following:

**SIGN APPROPRIATE CLASSIFICATION (A) OR (B)**

(A) The business establishment for which I make application had annual gross sales for the year immediately preceding this application of one hundred fifty thousand dollars or more.

SIGNATURE OF MANAGING OFFICER, OWNER OR PARTNER	DATE	SIGNATURE OF PARTNER	DATE
SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE

(B) The business establishment for which I make application is a resort having at least 60 rooms for the overnight accommodation of transient guests and has a restaurant located on the premises.

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 \_\_\_\_\_