



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
 KANSAS CITY AND JACKSON COUNTY**

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 for consumption on the
 premises, _____ at _____,
LICENSE NUMBER ADDRESS OF BUSINESS
 hereby make application for a special permit to remain open on each day of the week between the hours
 of 1:30 a.m. and 3:00 a.m. as provided in Section 311.174, 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
 appropriate city or county.

SIGNATURE OF MANAGING OFFICER, SOLE 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	