



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL

APPLICATION FOR TEMPORARY MANUFACTURER EVENT PERMIT

TYPE OR USE ONLY BLACK INK TO COMPLETE THIS APPLICATION

LEGAL NAME OF ENTITY	EMAIL ADDRESS
DOING BUSINESS AS	MANAGING OFFICER, SOLE OWNER OR PARTNER(S)
PHYSICAL LOCATION ADDRESS OF LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS)	COUNTY WHERE EVENT IS BEING HELD
CITY, STATE, ZIP CODE	BUSINESS TELEPHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	

The undersigned (individual) (partnership) (corporation) (limited liability company) hereby makes application to the Supervisor of Alcohol and Tobacco Control of the State of Missouri for a temporary MANUFACTURER by the drink permit to furnish provisions and service for use at a festival, bazaar or similar event at a particular location during the period beginning on the following date:

_____ (month, day, year) _____ (starting time) A.M. P.M.
 and the period ending _____ (month, day, year) _____ (ending time) A.M. P.M.
 not to exceed 72 hours.

License Number of Manufacturer/Retailer Holding the Event _____

Name of the Manufacturer/Retailer Holding the Event _____

Name of Specific Product(s) and designate liquor wine or beer _____ A Gallons _____
 _____ Gallons _____
 _____ Gallons _____

In addition, please provide copies of the following:

- 1 - **Outstate Manufacturers State Liquor License,**
- 2 - **TTB COLA (Certification of Label Approval)**
- 3 - **Location of Event and Property Owner's Permission**
- 4 - **Letter from Instate Manufacturer Holding the Event Verifying They will Pay the Excise Taxes Due,**
- 5 - **City Permission Letter**

I understand that all provisions of the Liquor Control Law, Rules and Regulations of the Supervisor, and ordinances of the incorporated city or the unincorporated area of the county shall extend to such premises and shall be in force and enforceable during the time the permittee or its agent, servants, employees or stock are on such premises. Applicant further agrees that inspections may be made at all times by the Supervisor of Alcohol and Tobacco Control and his agents in accordance with Regulation 70-2.140, Rules and Regulations of the Supervisor of Alcohol and Tobacco Control.

Note: All unused product must be destroyed or removed from the state at the end of the event.

SIGNATURE OF MANAGING OFFICER, SOLE OWNER OR PARTNER(S)	DATE	PHONE NUMBER AND EMAIL ADDRESS
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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