



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 CITY**

**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 Supervisor of Alcohol and  
Tobacco Control to sell intoxicating liquor by the drink for consumption on the premises, \_\_\_\_\_ at  
\_\_\_\_\_ 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 311.176, 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 EMBOSSE 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