



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 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 Supervisor of Alcohol and

 MANAGING OFFICER, SOLE OWNER, PARTNERS
 Tobacco Control to sell intoxicating liquor by the drink for consumption on the premises, _____ at

 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

STATE SUPERVISOR