



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
 CAMDEN, MILLER AND MORGAN COUNTY ESTABLISHMENTS**

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
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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.

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 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 75 rooms for the overnight accommodation of transient guests, has a restaurant located on the premises, and has at least 3,000 square feet of meeting space.

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

NOTARY INFORMATION

NOTARY PUBLIC EMOSSER 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