



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 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  
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 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
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		

**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