



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 6:00 AM
 KANSAS CITY NATIONAL HISTORIC LANDMARK**

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
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 6:00 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 and a tax-exempt entity that is a National Historic Landmark.

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 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
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STATE SUPERVISOR