



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL

**APPLICATION FOR A SPECIAL ONE-DAY EXTENDED HOURS PERMIT  
KANSAS CITY ONLY - \$50**

**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  
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 sell intoxicating liquor from 6:00 a.m. until 3:00 a.m.  
on the morning of the following day within one twenty-four hour period beginning on  
\_\_\_\_\_, as provided in Section 311.088, RSMo.

DATE OF EVENT

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 EMBOSSEUR 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