



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 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 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 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)		<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
STATE SUPERVISOR	