



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 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

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