MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
APPLICATION FOR TEMPORARY CATERER'S PERMIT

TYPE OR USE ONLY BLACK INK TO COMPLETE THIS APPLICATION

LEGAL NAME OF ENTITY

LEGAL NAME OF ENTITY

DOING BUSINESS AS

DOING BUSINESS AS

PRIMARY LICENSE NUMBER

PRIMARY LICENSE NUMBER

PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS)

PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

BUSINESS TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

COUNTY

COUNTY

The undersigned (individual) (partnership) (corporation) (limited liability company) hereby makes application to the Supervisor of Alcohol and Tobacco Control of the State of Missouri for a temporary caterer's permit to furnish provisions and service for use at a particular function, occasion or event at a particular location other than the licensed premises during the period beginning

(month, day, year) (starting time)  □ A.M. □ P.M.

and the period ending

(month, day, year) (ending time)  □ A.M. □ P.M.

Said premises are ______ feet from the nearest school, church or other building regularly used as a place of religious worship.

I understand that all provisions of the Liquor Control Law, Rules and Regulations of the Supervisor, and ordinances of the incorporated city or the unincorporated area of the county shall extend to such premises and shall be in force and enforceable during the time the permittee or its agent, servants, employees or stock are on such premises. Applicant further agrees that inspections may be made at all times by the Supervisor of Alcohol and Tobacco Control and his agents in accordance with Regulation 70-2.140, Rules and Regulations of the Supervisor of Alcohol and Tobacco Control.

Please send application to the applicable Alcohol and Tobacco Control office listed on the checklist

SIGNATURE OF MANAGING OFFICER, OWNER OR PARTNER  DATE

SIGNATURE OF MANAGING OFFICER, OWNER OR PARTNER  DATE

SIGNATURE OF PARTNER  DATE

SIGNATURE OF PARTNER  DATE

SIGNATURE OF PARTNER  DATE

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

AGENT

DISTRICT SUPERVISOR

DISTRICT SUPERVISOR

STATE SUPERVISOR

STATE SUPERVISOR

MO 829-A0024 Application for Temporary Caterer Permit

Revised: 09/09/2019

Page 1 of 1
CHECKLIST OF REQUIREMENTS FOR TEMPORARY CATERER PERMIT

FOR ALREADY LICENSED RETAIL BY DRINK ESTABLISHMENTS – REQUESTS PERMISSION FOR A SINGLE OFF-SITE EVENT

WHOLESALEERS ARE PROHIBITED FROM PROVIDING CUSTOMARY STORAGE, COOLING AND/OR DISPENSING EQUIPMENT EXCEPT AS PERMITTED UNDER SECTION 311.070, RSMO.

ALLOW 10 – 21 DAYS FOR PROCESSING

1. APPLICATION FOR TEMPORARY CATERER PERMIT – Completed and signed.

2. LICENSE FEE – Money Order or Cashier’s Check made payable to Missouri Director of Revenue. Fee is $10.00 per calendar date. A single application can be submitted for up to seven (7) consecutive days at a single location, with a maximum fee of $70.00.

3. PROPERTY OWNER PERMISSION – Written notice from the property owner giving the applicant permission to sell/serve alcohol at a specific location on a specific date(s).

4. MULTIPLE STANDS – If there will be multiple stands/booths at the temporary event, EACH STAND MUST HAVE A SEPARATE LICENSE (a separate application, fee, and property owner permission letter is required for each stand).

REMEMBER: LICENSEES ARE REQUIRED TO OBTAIN CITY AND COUNTY LICENSES, WHERE APPLICABLE.
## CHECKLIST OF REQUIREMENTS FOR TEMPORARY CATERER PERMIT

**RETURN DOCUMENTS TO:**

<table>
<thead>
<tr>
<th>District I – Kansas City</th>
<th>District II – Jefferson City</th>
<th>District III – St. Louis</th>
<th>District V – Springfield</th>
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<td>Division of Alcohol &amp; Tobacco Control</td>
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<tr>
<td>8800 E. 63rd Street, Ste. 180 Raytown, MO 64133</td>
<td>1738 E. Elm St. – Lower Level Jefferson City, MO 65101</td>
<td>7545 S. Lindbergh Blvd., Ste. 150 St. Louis, MO 63125</td>
<td>505 B East Walnut St. – (Lower Level) Springfield, MO 65806</td>
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<tr>
<td>(816) 743-8888</td>
<td>(573) 526-4026</td>
<td>(314) 416-6280</td>
<td>(417) 895-5004</td>
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