



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**APPLICATION FOR TEMPORARY FESTIVAL PERMIT**

**TYPE OR USE ONLY BLACK INK TO COMPLETE THIS APPLICATION**

LEGAL NAME OF ENTITY		EMAIL ADDRESS	
DOING BUSINESS AS			
PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS)		COUNTY WHERE FESTIVAL IS BEING HELD	
CITY, STATE, ZIP CODE			BUSINESS TELEPHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			

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 FESTIVAL 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 \_\_\_\_\_  A.M.  P.M.

(month, day, year) (starting time)

and the period ending \_\_\_\_\_  A.M.  P.M.

(month, day, year) (ending time)

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.

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	DISTRICT SUPERVISOR
STATE SUPERVISOR	

