



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL

## PROPERTY OWNER PERMISSION FORM FOR TEMPORARY EVENTS

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

LEGAL NAME OF ENTITY	ANNUAL CATERER LICENSE #
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DOING BUSINESS AS
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EVENT LOCATION *(Include business name, if applicable, street address or block number, and the city.)*

LEGAL DESCRIPTION *(Describe the particular area where the event will occur. For example - NW corner of the parking lot, 3rd floor ballroom, etc.) If multiple bars/stands, describe each service location or include a map.*

Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>
Number of bars	

DATE(S) AND TIMES OF THE EVENT

BEGINNING \_\_\_\_\_  A.M.  P.M.  
(month, day, year) \_\_\_\_\_ (time)

ENDING \_\_\_\_\_  A.M.  P.M.  
(month, day, year) \_\_\_\_\_ (time)

PROPERTY OWNER'S NAME AND TITLE	DATE
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SIGNATURE

**If the event is held on city property or requires a street closure or event permit, a copy must be included with the application. If that closure/permit is issued to a different legal entity, permission for this event must come from that entity.**

Are you a Veteran in the state of Missouri and interested in learning more about benefits and resources available to you and your dependents? If yes, please visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DPS>