



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 #

DOING BUSINESS AS

**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 ☐ Outdoor ☐

Number of bars

**DATE(S) AND TIMES OF THE EVENT**

BEGINNING

\_\_\_\_\_  
(month, day, year)

\_\_\_\_\_  
(time)

☐ A.M. ☐ P.M.

ENDING

\_\_\_\_\_  
(month, day, year)

\_\_\_\_\_  
(time)

☐ A.M. ☐ P.M.

PROPERTY OWNER'S NAME AND TITLE

DATE

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>