



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

LICENSEE NAME <i>Legal Entity and DBA</i>	MISSOURI LIQUOR LICENSE #
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EVENT LOCATION *Include business name and street address including 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.*

Indoor Outdoor

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)

NUMBER OF BARS (IF MORE THAN ONE, DESCRIBE ABOVE IN THE LEGAL DESCRIPTION BOX AND/OR PROVIDE A MAP)

PROPERTY OWNER'S NAME AND SIGNATURE	DATE
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If the event is held on city property and requires a street closure or event permit, the licensee must include a copy with this form and their application.