



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	EMAIL ADDRESS
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DOING BUSINESS AS

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

CITY, STATE, ZIP CODE	BUSINESS TELEPHONE NUMBER
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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 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 _____ 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.

**Please send application to: Alcohol and Tobacco Control
1738 East Elm Street, Lower Level
Jefferson City, MO 65101**

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
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STATE SUPERVISOR