



**Return to:**  
Office of the City Clerk  
Attention: Debbie White  
320 Broadway  
Hannibal, Mo 63401  
Phone (573) 221-0111 ext.221  
Fax (573) 221-8191

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**APPLICATION FOR CATERERS LICENSE (\$15.00)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name of Applicant: \_\_\_\_\_

Current Liquor License Number: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**EVENT CRITERIA:**

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

**(License effective for a period not to exceed seventy-two (72) hours, which shall authorize the servicing of Alcoholic beverages for on-premises consumption only.)**

Location of Event: \_\_\_\_\_

**(Must have Council approval when location of event is in a zoning district not otherwise permitting the sale of Intoxicating liquor.)**

Explanation of Event: \_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Zone permitting the sale of intoxicating liquor. (To be determined by the Building Inspection Department)

\_\_\_\_\_ Zone not otherwise permitting the sale of intoxicating liquor.

Building Inspection Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Council By: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Applicable)

City Clerk's Office Final Approval By: \_\_\_\_\_ Date: \_\_\_\_\_