



Return to:

Office of the City Clerk
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Application for Caterer's License (\$15.00)

APPLICATION DUE 5 BUSINESS DAYS PRIOR TO EVENT DATE BY 4PM

Business Name: _____ **Telephone:** _____

Business Address: _____
(Street) (City) (State) (Zip)

Name of Applicant: _____ **Phone Number:** _____

Current City Liquor License Number: _____

____ Attach copy of temporary caterers' permit or special caterers' license issued by the state of MISSOURI.

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: _____

Signature of Applicant: _____ **Date:** _____

_____ Zone permitting the sale of intoxicating liquor (to be determined by the Building Inspection Dept.)

_____ Zone not otherwise permitting the sale of intoxicating liquor (requiring Council approval)

Building Inspection Approval By: _____ **Date:** _____

Approval of Council By: _____ **Date:** _____
(If not zoned for alcohol sales)

City Clerk's Office Final Approval By: _____ **Date:** _____