

APPLICATION FOR CITY OF JACKSON
LIQUOR LICENSE - TEMPORARY CATERER'S PERMIT - \$10.00



Business Name: _____ Phone: _____

Business Address: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's SS# _____ Applicant's Relation to Business _____ City State Zip

Applicant's email address _____ Phone _____

Location Where Alcohol will be Served _____

Name of Client Requesting Services _____

Date(s) Services Are to be Furnished _____ to _____

Time(s) Services are to be Furnished _____ to _____

***All provisions of the Liquor Control Code and State Liquor Control Law shall extend to such location and will be enforced. This temporary permit is valid for the listed location/ date only and is valid for no more than 168 consecutive hours. No package sales permitted.**

STATE OF MISSOURI

COUNTY OF _____

I, (applicant-please print) _____ being of lawful age and duly sworn upon my oath, do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

Applicant's Signature

Subscribed and sworn to before me on this ____ day of _____, 20 ____ . My commission expires

(SEAL)

Notary Public _____
Signature

Please note: this application must be fully completed and legible before it is processed. A copy of the applicant's driver's license is required. A current copy of your MO Retail Liquor by the Drink License must accompany this application.

City Clerk's Office Use: Issued Date _____ Date Paid _____