CITY OF GLADSTONE, MISSOURI

TYPE OR USE ONLY BLUE INK TO COMPLETE THIS APPLICATION

APPLICATION TO CHANGE DESCRIPTION OF LICENSED PREMISES

STATE OF MISSOURI)
) ss
COUNTY OF CLAY)

_____, being first sworn on his/her oath states that he/she is (a) sole owner, (b) partner, (c) managing officer (strike inapplicable) of the corporation of the business known as:

NAME OF ESTABLISHMENT: _____

LOCATION: _____

_____

_____

And does hereby make application to change the description of the licensed premises from the present description which is as follows:

_____

_____

to a new description as follows: _____

_____

_____

_____

_____ _____
Signature of Owner, Partner, or Managing Officer Date

Subscribed and sworn to before me this _____ day of _____, 20___.

_____ _____
Notary Public My Commission Expires

(Seal)