CITY OF GRAIN VALLEY
TEMPORARY/CATERING LIQUOR LICENSE APPLICATION

TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK
License Fee Due Upon Application and Are Not Refundable

$15.00 Per Calendar Day Fee
Must be submitted to the City Clerk 15 business days prior to a scheduled event Date: _____

BUSINESS INFORMATION

_____
Name of Business Grain Valley Business License Number

_____
Business Street Address City State Zip Code

_____
Managing Agent/Owner Phone Number

_____
Email Address

EVENT INFORMATION

_____
Event Name Event Date(s) Event Beginning Time | Event Ending Time

_____
Location of Event Street Address City State Zip Code

_____
Managing Agent/Applicant's Name Phone Number

_____
Email Address

ADDITIONAL DOCUMENTS REQUIRED

- A detailed diagram of the area where alcohol will be sold/consumed to include accurate dimensions of how the defined area will be enclosed (roping/fencing is required), event parking and traffic circulation
- Copy of current Jackson County, Missouri liquor license
- Copy of written authorization from the property owner allowing the sale and consumption of alcoholic beverages or a contract between the caterer and the event sponsor
- Copy of the managing partner/applicant's driver's license

ACKNOWLEDGEMENTS

All provisions of the liquor control laws, rules and regulations and city ordinances shall extend to such premises and shall enforced. This temporary license is valid for the listed location/date(s) only and is valid for no more than 168 consecutive hours.

I, _____, being of lawful age and duly sworn upon my oath, do swear the answers and
(applicant- print name)
information given on this application are true and complete to the best of my knowledge and belief. This license is non-transferable.

_____ _____
Signature of Applicant Date

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ in the year _____.

My commission expires _____ _____
Notary Public

(seal)

Return this application and all required documents to the City Clerk at the address below. For questions about this application, please contact the City Clerk at **cityclerk@cityofgrainvalley.org** or (816) 847-6211.

FOR CITY USE ONLY

City Clerk Review

[ ] VERIFIED STATE OF MO LICENSE ACTIVE
[ ] APPROVED [ ] DENIED

_____ _____
City Clerk or Designee Date

Payment Type

☐ **Cash** ☐ **Money Order** ☐ **Cashier's Check*** ___

payable to the City of Grain Valley

[ ] Credit Card- Please call for payment at:

_____

711 Main Street
Grain Valley, MO 64029
816.847.6211
Cityofgrainvalley.org