

CITY OF NORTH KANSAS CITY
LIQUOR CONTROL

APPLICATION FOR TEMPORARY
CATERERS PERMIT

I, _____, being the holder of _____,
(Type of License)

License Number _____, D/B/A _____, located at

_____, issued by the Director of Liquor

Control on the ____ day of _____, 20____, do hereby make application for a
temporary caterers permit to furnish provisions and service at a location other than the
licensed premises which is as follows:

during the period from _____, 20____ through _____, 20____.

I understand that all provisions of the liquor control law, rules and regulations, and City ordinances shall extend to such premises and shall be in force and enforceable during the time the permittee, agent, servants, employees or stock are in such premises. Applicant further agrees that inspections may be made at all times by the Director of Liquor Control and his agents.

Signature of Owner/Manager of Premise

Based on the submitted information, in receipt of payment of \$ 10.00 and having a copy of the required state license on file I approve this application. My signature below indicates this to be a valid permit.

Director of Liquor Control



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
CHECKLIST FOR CATERER'S PERMIT

The Application for Temporary Caterer's Permit is required to be completed by typing or printing information legibly using black ink. Read the application carefully and provide full, complete and accurate answers.

If you have any questions, please do not hesitate to contact your Agent or District Office.

Applicant is required to submit the following documents to their Agent for review:

1. An Application for Temporary Caterer's Permit. This application **must be signed** by the owner, all partners or the managing officer for the corporation or the LLC.
2. Cashier's check or money order, payable to the Director of Revenue is required. The permit fee is \$10.00 per day. When an event extends past 12 midnight, the day past midnight counts as an additional day.

NO CASH, PERSONAL OR BUSINESS CHECKS ARE ACCEPTED.

You must submit the exact amount of payment for the number of days of the event.

WE CAN NOT ACCEPT ANY OVERPAYMENT AND THEREFORE IF THE AMOUNT IS NOT CORRECT YOUR APPLICATION WILL BE RETURNED FOR COMPLIANCE AND THIS WILL DELAY PROCESSING.

3. City license or city letter of approval for the catering event with the catering event dates, or a letter from the city stating that it does not charge for a caterer's permit.
4. A letter from the owner of the property, giving the applicant/licensee approval for use of the property for the event.

PLEASE ALLOW 10 TO 21 DAYS FOR PROCESSING



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL

APPLICATION FOR TEMPORARY CATERER'S PERMIT

TYPE OR USE ONLY BLACK INK TO COMPLETE THIS APPLICATION

LEGAL NAME OF ENTITY

DOING BUSINESS AS

PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS)

CITY, STATE, ZIP CODE

BUSINESS TELEPHONE NUMBER

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

The undersigned (individual) (partnership) (corporation) (limited liability company) hereby makes application to the Supervisor of Alcohol and Tobacco Control of the State of Missouri for a temporary caterer's permit to furnish provisions and service for use at a particular function, occasion or event at a particular location other than the licensed premises

during the period beginning _____ A.M. P.M.
(month, day, year) (starting time)

and the period ending _____ A.M. P.M.
(month, day, year) (ending time)

Said premises are _____ feet from the nearest school, church or other building regularly used as a place of religious worship.

I understand that all provisions of the Liquor Control Law, Rules and Regulations of the Supervisor, and ordinances of the incorporated city or the unincorporated area of the county shall extend to such premises and shall be in force and enforceable during the time the permittee or its agent, servants, employees or stock are on such premises. Applicant further agrees that inspections may be made at all times by the Supervisor of Alcohol and Tobacco Control and his agents in accordance with Regulation 70-2.140, Rules and Regulations of the Supervisor of Alcohol and Tobacco Control.

SIGNATURE OF MANAGING OFFICER, OWNER OR PARTNER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE

FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW

Based on the information contained herein, the undersigned forward this application for consideration by the Supervisor of Alcohol and Tobacco Control and hereby recommend that this application be approved and the license issued.

AGENT

DISTRICT SUPERVISOR

STATE SUPERVISOR