

Temporary Liquor License Fee \$ _____
Date Paid _____



**TEMPORARY LIQUOR LICENSE APPLICATION
SMITHVILLE, MISSOURI**

I, the undersigned, hereby make application for a temporary event liquor license under the terms and provisions of Chapter 600.047 of the Code of the City of Smithville, Mo relating to the sale and consumption of intoxicating liquor to be issued in the name of:.

Name: _____
First Middle Last
(Licensee Name as it appears on State Liquor License Application)

Date of the Event: _____

Description of event: _____

Address/Location of the Event: _____

I further state that I will be the managing officer of the business proposed to be licensed; that I hereby accept and agree to the terms and provisions of said Chapter 600.047 and the Statutes of State of Missouri (as amended), and the United States, in regard to the manufacture and sale of intoxicating liquor, that I possess the qualifications required by the terms of said Chapter 600.047 and the Statutes of State of Missouri (as amended), for applicants for said license, and the business so desired to be authorized by such license shall be carried on exclusively in and at the described premises in the City of Smithville, Clay County, Missouri.

Managing Officer:

Name: _____

Address: _____

Street, City, State, Zip code

Phone Number: _____ Alternate Phone Number: _____

Dated this _____ day of _____ 20____

Signature of Managing Officer (applicant)

Print Name and title of applicant