CITY OF MARSHFIELD APPLICATION
TEMPORARY PERMIT
LIQUOR LICENSE/CATERER'S LICENSE

Legal name of entity_____

Physical address _____

Physical address of event _____

Specific dates of event _____

Missouri Retail Sales Tax Number _____

Federal Tax Number _____

Managing Officer Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____
Phone Number: _____
Are you a natural or naturalized citizen? _____ Registered to vote? _____

Include with application:

1. Copy of Missouri Sales Tax Certificate
3. Copy of driver's license.
4. Copy of voter registration card.
5. Copy of Certificate of Insurance.
6. Letter of permission to hold event at event location.
7. Copy of current State Liquor License.
8. $15.00 License Fee

STATE OF MISSOURI
SS
COUNTY OF WEBSTER

_____
APPLICANT SIGNATURE

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

_____
NOTARY PUBLIC
My commission Expires:_____