

CITY OF EUREKA

TEMPORARY LIQUOR LICENSE APPLICATION

DATE OF APPLICATION: _____

1. NAME OF BUSINESS: _____

STREET ADDRESS: _____

DESCRIPTION OF PREMISES: _____

TYPE OF BUSINESS AND PROPOSED HOURS OF OPERATION: _____

MAILING ADDRESS: (if different) _____

PHONE NUMBER: _____

2. NAME OF APPLICANT: _____

APPLICANT'S HOME ADDRESS: _____

APPLICANT'S MAILING ADDRESS: (if different) _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

COUNTY OF RESIDENCE: _____

SOCIAL SECURITY NO.: _____ DOB: _____

3. TYPE OF LICENSE APPLIED FOR: _____

FOR THE SALE OF: _____

The sum of \$ _____ is hereby tendered to the City of Eureka, Missouri as payment of the fee required for this license, for the period _____.

I hereby certify that I am a citizen of the United States, and a qualified legal voter and taxpaying citizen of the State of Missouri, and of good moral character, and that I have not been convicted since the ratification of the twenty-first (21st) Amendment of the Constitution of the United States of a Violation of the provisions of any law of the State of Missouri relating to the manufacture or sale of intoxicating liquor, nor do I employ any person who has been so convicted, nor has any license heretofore granted me for the sale of intoxicating liquor or heretofore granted to any employee of mine been revoked since the date last aforesaid. It is expressly understood and agreed by me that the license issued hereunder shall not be effective until I have applied for and been granted a license by the Supervisor of Liquor Control of the State of Missouri. It is also expressly understood and agreed that the license hereby granted to me shall be revocable by the Board of Aldermen at any time upon proper showing of any violation by me or my employees of any law of the State of Missouri or of any regulation, ordinance or rule of the City of Eureka.

APPLICANT'S SIGNATURE

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

CITY CLERK or NOTARY SIGNATURE