



107 West Sears Avenue
Owensville, Mo 65066

573-437-2812- Voice
573-437-5812 – Fax
www.cityofowensville.com

Application for Temporary Liquor License

I, _____, hereby apply to the City of Owensville to sell
Temporary liquor as described below:

Doing business as _____

If selling off premises describe the location of sales _____

Physical address _____

Date of the event(s): _____

City codes: Chapter 600

(Please check all that applies)

Temporary Permit by the drink \$ 37.50 Yes ___ No ___
(7 days maximum)

Caterers - (One day License) \$ 15.00 Yes ___ No ___

The applicant hereby agrees if license is granted upon this application, that applicant or any officer, agent, employee, or servant of applicant will not violate any ordinance of the City while in or upon the premises of applicant herein described: nor any rule or regulation of the City of Owensville, or knowingly allow any other person to do so.

The applicant hereby agrees that if applicant or any their employees shall violate any provision of this Ordinance of the City of Owensville under which this application is made, or any ordinance of the City of Owensville, or any rule or regulation of the Board of Alderman relating to the regulation, control, manufacture, brewing, sale, possession, transportation, and distribution of intoxicating liquor, the City, in its' discretion, may suspend the operation of any license granted hereunder by said Board and during the time of such suspension, applicant hereby agrees to suspend the operation of business authorized by this application pending the investigation by the Board of Alderman of the violation by applicant of any ordinance of the City of Owensville, or any said rules and regulations above mentioned of the Board of Alderman.

(Signature of applicant)

- Name of Business: _____
 - Business Address: _____
 - Business Phone number: _____
 - Full name of Owner(s): _____

 - Date of Birth: _____
 - Social Security # _____ - _____ - _____ & _____ - _____ - _____
 - Home Address: _____
 - Mailing Address: _____

 - Contact Name & Phone number: _____
 - State Liquor License # _____
 - Have you ever had a license or permit from the Supervisor of Liquor Control revoked or suspended? Yes ___ No ___ If yes, describe below:

 - Have you or your employees been convicted of any Liquor Law violation? Yes ___ No ___ If yes, describe below:

 - Emergency contact if applicant cannot be reached
Name _____ Number _____
-

(Office use only)

Approved or Rejected _____ - _____
(Date) (Signature)