



City of Cape Girardeau

401 INDEPENDENCE
P O BOX 617
CAPE GIRARDEAU MO 63702
PH: 573-339-6322 FAX: 573-339-6306



TEMPORARY CATERER'S LIQUOR LICENSE APPLICATION (NOTE: MUST HOLD CURRENT CITY LIQUOR LICENSE)

\$ _____ LICENSE FEE (\$10.00 PER DAY OR FRACTION OF DAY)

NAME OF APPLICANT: _____

d/b/a _____ PHONE NUMBER _____

CURRENT CITY LICENSE NO. _____

NAME AND ADDRESS OF LOCATION OF FUNCTION WHERE LICENSE WILL BE USED AND SPECIFIC DESCRIPTION OF PREMISES WHICH LICENSE APPLIED FOR WOULD COVER:

LICENSE REQUESTED FOR PERIOD _____, 20____ TO _____, 20____
(note: 120 consecutive hours maximum)

FUNCTION OR EVENT FOR WHICH LICENSE IS REQUESTED:

I, THE UNDERSIGNED, UNDERSTAND AND AGREE THAT IF ANY OF THE ABOVE ANSWERS OR STATEMENTS ARE UNTRUE AND THE LICENSE HEREIN APPLIED FOR IS GRANTED, SUCH LICENSE MAY BE SUSPENDED OR REVOKED BY THE CITY MANAGER. I FURTHER UNDERSTAND AGREE THAT IF I, OR ANY OF MY EMPLOYEES, SHAL VIOLATE THE PROVISIONS OF ANY ORDINANCES OF THE CITY OF CAPE GIRARDEAU, MISSOURI OR ALLOW OTHERES TO DO SO UPON THE LICENSE PREMISES, THE CITY MANAGER MAY REVOKE THIS TEMPORARY CATERER'S LICENSE. I FURTHER UNDERSTAND THAT THIS IS A TEMPORARY PERMIT AND IS GOOD ONLY FOR THE PERIOD COVERED ABOVE.

_____	_____	_____
APPLICANT SIGNATURE	TITLE	DATE
(CORP. MANAGING OFFICER/PROPRIETOR/ALL PARTNERS)		
<u>MUST BE THE SAME AS ON ORIGINAL LICENSE APPLICATION</u>		

APPROVED: _____ DISAPPROVED: _____

CITY MANAGER DATE