



TEMPORARY LIQUOR LICENSE APPLICATION
CITY of CAPE GIRARDEAU

CUSTOMER SERVICE OFFICE, 401 INDEPENDENCE ST., CAPE GIRARDEAU, MO 63703, 573-339-6322

All questions on this application must be answered completely. Answers must be typed or legibly printed. Where necessary, respond on a separate document. A background check must accompany this application. Visit www.machs.mshp.dps.mo.gov to obtain your background check.

Applicant or Organization Name	Phone Number	Email
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Function or event for which license is requested:

Name and address of location of function where license will be used and specific description of premises which license applied for would cover:

License Fee (\$10 for a seven day maximum) \$10.00	License Request Period (7 consecutive days maximum) TO
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PLEASE ATTACH A COPY OF A SKETCH PLAN SHOWING THE LOCAITON OF THIS BAR IN RELATIONSHIP TO THE TOTAL PROPERTY (INCLUDE INTERVENING STREETS). This does not need to be drawn to scale, but should be a schematic representation of the layout of the buildings and bars to determine that provisions of the ordinance are met.

I, the undersigned, understand and agree that if any of the above answers or statements, including the sketch plan, are untrue and the license herein applied for is granted, such license may be suspended or revoked by the City Council. I further understand and agree that if I, or any of my employees, shall violate the provisions of any ordinances of the City of Cape Girardeau, Missouri, or allow others to do so upon the license premises, the City Council may revoke this SPECIAL license. I further understand that this is a SPECIAL PERMIT and is good only for the period covered above.

_____	_____	_____
Applicant Representative (print name)	Signature	Date
_____	_____	_____
Position with Organization	Date of Birth	Social Security Number

OFFICE USE ONLY				
Building Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Zoning Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Health Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Fire Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Finance Division	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Taxes <input type="checkbox"/>	Utilities <input type="checkbox"/>	Special Assessment <input type="checkbox"/>	No Tax Due <input type="checkbox"/>	
License #			Setup Issue	
HMR Tax #			Setup	