

**APPLICATION OF LIQUOR LICENSE  
CITY OF STE. GENEVIEVE**

**INSTRUCTIONS:** This form is to be completed by all persons wishing to obtain a liquor license in the City of Ste. Genevieve. Please print or type your information and return the completed form to the Office of the City Clerk, 165 S. Fourth Street, Ste. Genevieve, Missouri. 63670.

**APPLICATION IS HEREBY MADE TO THE BOARD OF ALDERMEN OF THE CITY OF STE. GENEVIEVE, MISSOURI FOR THE FOLLOWING:**

**TEMPORARY LIQUOR LICENSE**

1. NAME OF BUSINESS/ORGANIZATION: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. TELEPHONE: \_\_\_\_\_
4. PURPOSE OF SPECIAL EVENT: \_\_\_\_\_
5. WHERE WILL EVENT BE HELD: (please give physical address) \_\_\_\_\_  
\_\_\_\_\_
6. DATE & TIME OF EVENT: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
Date