



690 Chesterfield Parkway West
Chesterfield, MO 63017-0760
636.537.4714

Date of Application: _____

**Temporary Liquor Permit Application for
Current Chesterfield Liquor Licensees Only**

License Number of Current City of Chesterfield Permanent Liquor License: _____

Name of Chesterfield business/
organization applying for the permit: _____

Address: _____

City, State, Zip Code: _____

Contact Phone Number: (_____) _____ Missouri Sales Tax License #: _____

Date of Event: _____ Event Name: _____

Location of Event:

APPLICANT (Corporate Officer, Managing Officer or Association Representative):

Printed Name: _____

Signature: _____

Submit to the City of Chesterfield:

- 1) This completed application
- 2) A Check made payable to the "City of Chesterfield" in the amount of \$15.00
- 3) A letter from the owner of the property/business giving the applicant/licensee approval for use of the property for the event.

For Office Use Only

Above information confirmed
Copy to Police Department

Business Assistance
Coordinator Approval _____

Date _____