

\$37.50 Fee

Must be submitted 10 business days before event.

Name of Organization _____ Phone Number _____

Street Address _____ City _____ State _____ ZIP _____

Contact Name _____ Email Address _____

EVENT INFORMATION

Event Name _____ Anticipated Attendance _____

Location Name _____ Owner of Location _____

Street Address _____ City _____ State _____ ZIP _____

Event Date _____ Event Beginning Time _____ Event End Time _____

If Outdoors, Dimensions Where the Liquor will be Located (Please Provide Diagram)

Description of Event _____

_____ Initial _____
A caterers permit from MO Division of Alcohol and Tobacco Control must also be obtained. I understand that all provisions of the liquor control law rules and regulations and city ordinances shall extend to such premises and shall be in force and enforceable during the time the permittee, agent, servants, employees or stock are in such premises. Applicant further agrees that inspections may be made at all times by the Supervisor of Liquor Control and his agents in accordance with Regulation 70-2.140, Rules and Regulations of the Supervisor of Liquor Control.

Temporary Liquor License Application Non-Profit Event

_____ The applicant accepts responsibility for the collection and payment of any applicable sales tax.
Initial

APPLICANT MUST PROVIDE THE ADDITIONAL REQUIREMENTS

- Detailed diagram of area where alcohol will be sold/consumed which includes accurate dimensions, how the defined area will be enclosed (roping/fencing is required), event parking and traffic circulation.
- Permission of property owner
- If tents are involved, contact Codes Administration at (816) 220-4565
- If additional signage is involved, contact City Planning at (816) 220-4538
- Statement of confirmation of ADA compliance

Return all Information and Check to:

City of Blue Springs
Business Services Division
903 W Main Street
Blue Springs, MO 64015
(816) 228-0131

By signing below, you certify that the information given in this application is true to the best of your knowledge and belief and that the license is non transferable.

Signature of Applicant

Printed Name

Title

Date

OFFICE USE ONLY

Codes Administration

Approved

Disapproved

Date

If Outdoor Event - Codes Administration Staff

Business Services

Approved

Disapproved

Date

Business Services Staff