



**CITY OF COLUMBIA
APPLICATION FOR TEMPORARY
CATERERS (LIQUOR) PERMIT
\$15.00**

I, _____, being the holder of _____
Managing Officer/Liquor License Holder _____ Type of License

_____, license number _____, d/b/a _____

at _____, issued by the City of Columbia on
Address of Business

____ day of _____, 20____ do hereby make application for a temporary caterers
permit to furnish provisions and service for _____
Type of Function

at a location other than the licensed premises which is as follows:

Name and address _____

Room/Suite _____ Indoor Event _____ Outdoor Event _____ *(If outdoor, see below)

during the time period from _____ AM/PM _____, 20____ to _____ AM/PM
on _____, 20____

To continue selling/serving alcohol from 12:00 AM until 1:30 AM, a permit for two (2) days is required

Number of expected attendees: _____ Occupancy Load: _____

Not to exceed one hundred twenty (120) consecutive hours.

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.

Signature of Managing Officer or Owner

Signature of Partner

Contact Phone Number _____

Email Address _____

***Additional Requirements for Outdoor Event:**

_____ Detailed diagram of area where alcohol will be sold/consumed which includes accurate dimensions and how the defined area will be enclosed (4 ft. snow fencing is required), etc.

_____ Permission of property owner

_____ If tents and/or signage are involved, contact the Building and Site Development Division, 3rd Floor, 701 E. Broadway, or call 573-874-7474.

_____ Security plan at entrances/exits

_____ Statement of confirmation of ADA compliance

_____ Statement concerning disposal of trash

_____ Signs must be placed at each exit point which state "Open containers are not allowed beyond this point. Violators may be subject to arrest under City Ordinance 16-185"

Approved:

Business Services Manager _____ Date

ALLOW 5 BUSINESS DAYS FOR APPROVAL

01/12/2016