



# City of MARYLAND HEIGHTS

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## APPLICATION FOR TEMPORARY LIQUOR LICENSE (PICNIC) NOT-FOR-PROFIT ORGANIZATIONS ONLY

### FOR CITY USE ONLY

APPROVALS: Planning & Zoning \_\_\_\_\_ Date \_\_\_\_\_  
Chief of Police \_\_\_\_\_ Date \_\_\_\_\_  
Mayor or Designee \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Date Effective: \_\_\_\_\_ Date Expires: \_\_\_\_\_

NOTE: This Application must be completed in full, signed by the managing officer and Notarized.

The undersigned organization hereby applies to the City of Maryland Heights for a temporary liquor license (Picnic) for the premises described herein, and for the purpose of seeking approval, makes the statements and answers hereinafter set out. A SEPARATE LICENSE AND FEE IS REQUIRED FOR EACH BOOTH, STAND, AND/OR BEER TRUCK.

### CHECK LICENSE/S APPLIED FOR

No. of Booths \_\_\_\_ X \$37.50 each booth = \$ \_\_\_\_\_ Picnic-Retail liquor by the drink  
No. of Booths \_\_\_\_ X \$37.50 each booth = \$ \_\_\_\_\_ Picnic-5% beer/wine by the drink  
No. of Booths \_\_\_\_ X \$37.50 each booth = \$ \_\_\_\_\_ Picnic-5% beer by the drink

1. Legal Name Of Church, Civic, Service, Fraternal, Veteran, Political, or Charitable Club or Organization  
\_\_\_\_\_
2. Location of Principal Office: \_\_\_\_\_ Phone No. \_\_\_\_\_
3. Mailing Address (if different than above):  
\_\_\_\_\_
4. Description of Event: \_\_\_\_\_
5. Dates and Times of Event: \_\_\_\_\_
6. Description of Premise (Note: Must be the same as described on your State application)  
\_\_\_\_\_  
\_\_\_\_\_
7. Please submit the following information for Managing Officer of organization for which license is sought:  
NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_  
PLACE OF BIRTH \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Registered Voter: Precinct \_\_\_\_\_ of \_\_\_\_\_ Township in \_\_\_\_\_ County, Missouri.

8. State the following for each officer of the organization:

NAME	RESIDENCE	DATE OF BIRTH	OFFICE HELD

9. Has the organization itself, the managing officer, any officer, or any person with a director indirect financial interest in the organization ever been charged with, indicted for, or convicted of a violation, any Federal law, law of the State of Missouri, or any other state or country?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

10. Has the organization itself, the managing officer, any officer, or any person with a direct or indirect financial interest in the organization ever had a license revoked or suspended by the Supervisor of Liquor Control or by the licensing authority of any other state, county, or city?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If you answered yes to Questions 9 or 10 above, please list the details:

\_\_\_\_\_  
\_\_\_\_\_

11. State the basis of organization's right to occupy the premises for which it seeks a picnic license (own, lease, rental agreement):

\_\_\_\_\_

The Organization understands that false answers may be grounds for denial of license. The organization agrees that if any statements or answers made herein are untrue and the license applied for is granted, such license may be revoked or suspended.

The Organization acknowledges that any license granted will be subject to the current provisions of Chapter 311 and 312, RSMo, as amended, and to all ordinances and regulations of the City of Maryland Heights.

STATE OF MISSOURI    )  
  ) SS  
COUNTY OF ST. LOUIS    )

I, \_\_\_\_\_, of lawful age, being first duly sworn upon my oath, say that I have read this application and fully understand same and the answers and statements contained therein and the same are true.

\_\_\_\_\_  
Signature of Managing Officer

\_\_\_\_\_  
Exact Name of Corporation

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS, CONTACT THE CITY CLERK'S OFFICE AT (314) 291-6550.**