This application must be turned in at least 14 business days prior to the date of the event, as the State of Missouri will need sufficient time to issue their license for this event.

City of West Plains

City Facility/Property Alcohol Application

Event: _____

Sponsor/Promoters(s): _____

Sponsor/Promoter(s) Address: _____ Day & Date of Event: _____

Start Time: _____ End Time: _____ Number of Attendees Anticipated for the Event: _____

Approval requested for: ☐ Beer ☐ Wine ☐ Malt Beverages ☐ All Listed

City Facility / Property location to be used: _____

Non-alcoholic beverages & food to be served: _____

I understand that the following conditions must be met:

- No individual under 21 years of age or persons who appear intoxicated will be served alcohol.
- Alcoholic beverages will be limited to beer, wine, and/or malt beverages.
- All persons serving alcohol shall be 21 years of age.
- Non-alcoholic beverages and food must be available to all guests.
- Applicant must abide by all rules and regulations of the City and the State of Missouri.
- Any applicant wishing to sell alcoholic beverages must provide proof of liability insurance naming the City of West Plains as an additional insured.
- Applicant shall provide a copy of any license issued by the State for the event to the City Clerk's Office.

I have read and agree to abide by the conditions listed above as well as all other policies and procedures set forth by the City of West Plains.

Liquor License Holder Name (printed): _____ Daytime phone #: _____

Mailing Address (include City, State Zip): _____

License Holder Signature: _____ **Date:** _____

Cell Phone # to contact you during event: _____

Approved: _____
City Administrator Date

☐ Proof of insurance **required** by license holder with City listed as an additional insured provided, submitted with this form.