



CITY OF ST. LOUIS
DEPARTMENT OF PUBLIC SAFETY
EXCISE DIVISION

3:00 A.M. CLOSING PERMIT APPLICATION--OTHER THAN A RESORT

1. NAME OF LICENSEE _____
2. TRADE NAME _____
3. LOCATION OF LIQUOR LICENSED PREMISES _____

4. RESTAURANT LICENSE NUMBER, IF ANY, _____
5. PRESENT CITY OF ST. LOUIS FULL DRINK LIQUOR LICENSE NUMBER _____
EXPIRATION DATE _____
6. PRESENT CITY OF ST. LOUIS SUNDAY LIQUOR LICENSE NUMBER, IF ANY _____
EXPIRATION DATE _____
7. PRESENT STATE OF MISSOURI LIQUOR LICENSE NUMBER _____
8. TOTAL ANNUAL GROSS SALES \$ _____ FROM _____
TO _____ (GIVE INCLUSIVE DATES)

LIQUOR	\$ _____
FOOD	_____
OTHER	_____
TOTAL	_____

APPLICANT

TITLE:

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20 _____

EXCISE COMMISSIONER
CITY OF ST. LOUIS

By: _____ TITLE _____