



TISHAURA JONES
MAYOR

CITY OF ST. LOUIS
DEPARTMENT OF PUBLIC
SAFETY
EXCISE DIVISION

CITY HALL
1200 MARKET ST. ROOM 418
PHONE: (314) 622-4191
FAX: (314) 613-3172



DR. DANIEL ISOM
DIRECTOR OF PUBLIC SAFETY

REQUIREMENTS FOR 3 A.M. PERMIT

1. COMPLETED APPLICATION FORM.
2. \$150,000 IN GROSS SALES (ANNUAL/YEARLY).
3. \$50.00 FEE FOR PROCESSING APPLICATION - BALANCE OF \$225.00 DUE AT TIME OF ISSUANCE OF PERMIT.
4. PLAT DRAWN WITHIN 500 FOOT RADIUS WITH THE CENTER AT A POINT PROJECTED FROM THE CENTER OF THE FRONT OF THE PREMISE, TO THE STREET.
5. A MAJORITY OF PROPERTY OWNERS WITHIN THE PETITION CIRCLE.
6. A MAJORITY OF OCCUPANT/TENANTS WITHIN THE PETITION CIRCLE.
7. PERMITS RENEWABLE EVERY 6 MONTHS FOR A TOTAL OF \$275.00 PER RENEWAL.



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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 _____