# CITY OF MARSHFIELD APPLICATION
# TEMPORARY PERMIT
## LIQUOR LICENSE/PICNIC LICENSE

***Legal name of entity*** _____

***Physical address*** _____

***Physical address of event*** _____

***Specific dates of event*** _____

***Missouri Retail Sales Tax Number*** _____

---

Managing Officer Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Are you a natural or naturalized citizen? _____ Registered to vote? _____

---

Include with application:

1. Copy of Missouri Sales Tax Certificate
3. Copy of driver's license.
4. Copy of voter registration card.
5. Copy of Certificate of Insurance.
6. Letter of permission to hold event at event location.

STATE OF MISSOURI
SS
COUNTY OF WEBSTER

_____
APPLICANT SIGNATURE

Subscribed and sworn to before me this _____ day of _____, _____.

_____
NOTARY PUBLIC
My commission Expires: