

## **PICNIC/CATERING LIQUOR LICENSE**

**CATERING LICENSE:** Allows a current State of Missouri liquor license holder to sell liquor by the drink at a function other than their licensed premises for a period not to exceed 120 consecutive hours.

**PICNIC LICENSE:** Allows a church, school, civic, service, fraternal, veteran, political, charitable club or organization to sell malt liquor at a picnic or similar gathering for a period not to exceed 7 days per year.

### **REQUIREMENTS:**

1. Completed license application and license fee payment.
2. Statement/letter of permission from property owner where event is being held.

Completed application (and all applicable documentation) and payment may be dropped off at or mailed to:

City of Jefferson, John G. Christy Municipal Building

Attn: Business Licensing

320 E. McCarty Street, Room 202

Jefferson City, MO 65101

We also accept submittal of your application (and all applicable documentation) by email ([billing@jeffcitymo.org](mailto:billing@jeffcitymo.org)) or fax (573-634-6329) and subsequent credit or debit card payment by phone (573-634-6322).

Contact the Business License Administrator at (573) 634-6322 or [billing@jeffcitymo.org](mailto:billing@jeffcitymo.org) for any further questions.

### **BENEFICIAL REFERENCES:**

1. To apply for a State of Missouri Liquor License, visit the Missouri Alcohol and Tobacco Control Department located at 1738 E. Elm St., Lower Level, Jefferson City, MO, or go to their website: <http://www.atc.dps.mo.gov>. Their phone number is (573) 751-2333.
2. To obtain a Cole County liquor license, go to the Cole County Annex Building located at 311 E. High St., Room 201, Jefferson City, MO. Their phone number is (573) 634-9104 and their website is: <http://www.colecounty.org/277/liquor-licenses>



**OFFICE OF THE CITY LICENSE INSPECTOR**  
**320 EAST MCCARTY ST.**  
**JEFFERSON CITY, MO 65101**  
**PHONE: (573)634-6322 FAX: (573)634-6329**  
**EMAIL: [BILLING@JEFFCITYMO.ORG](mailto:BILLING@JEFFCITYMO.ORG)**

**PICNIC/CATERING  
 LICENSE  
 APPLICATION**

**PICNIC LICENSE:**  \$35.00 **CATERING LICENSE:**  \$15.00

**DATE OF EVENT:** \_\_\_\_\_

**TIME OF EVENT:** \_\_\_\_\_

**ORGANIZATION and/or**

**BUSINESS NAME:** \_\_\_\_\_

**ORGANIZATION and/or**

**BUSINESS ADDRESS:** \_\_\_\_\_

**MO STATE SALES TAX I.D. #:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**EVENT DESCRIPTION:** \_\_\_\_\_

**ADDRESS WHERE EVENT WILL BE HELD:** \_\_\_\_\_

**DESCRIPTION OF EVENT PREMISES:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

I affirm that the information on this application is factual and, if granted, this license will be conducted in accordance with all applicable State and City laws.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME OF SIGNER:** \_\_\_\_\_ **TITLE OF SIGNER:** \_\_\_\_\_

**APPROVAL SIGNATURES (WE WILL OBTAIN THESE FOR YOU)**

Director of Finance: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

City Administrator Designee: \_\_\_\_\_ Date: \_\_\_\_\_

*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*