

St. Louis County Department of Revenue – Division of Licenses

41 S. Central Avenue, Clayton, MO 63105 – Ph: 314/615-4217, Fax: 314/615-5125 Licensing@stlouisco.com

Application for Picnic Liquor License

Name of Corporation/Owner _____

Managing Officer (if applicable) _____

DBA (if applicable) _____

Address _____

City, State, Zip _____

Contact Name & Phone Number _____

Date(s) of Event _____

| State of MO Liquor Type (e.g. Retail Liquor-By-Drink, Picnic) | State Liquor Number |
|---|---------------------|
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Proposed legal description of the area where liquor is consumed, served or stored. **EXAMPLE: First floor of a single-story building and outdoor patio.** _____

Applicant: Please date and sign below. Corporations must provide the managing officer’s name and signature

Date _____

Printed Name of Applicant (Last, First, Middle)

Signature of Applicant

Please make your check in the amount of \$26.00 payable to ‘St. Louis County Department of Revenue’ and mail to:

St. Louis County Department of Revenue
Licensing Division
41 S. Central Ave.
Clayton, MO 63105