



**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@stlouiscountymo.gov](mailto:Licensing@stlouiscountymo.gov)

**Application for Caterer 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

**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** \_\_\_\_\_ **Title of Applicant (if applicable)** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name** of Applicant (Last, First, Middle)

\_\_\_\_\_  
**Signature** of Applicant

**Please make your check in the amount of \$11.00 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

