

**LIQUOR (MONDAY-SATURDAY SALES)  
APPLICATION**

**CITY OF CARTHAGE  
326 GRANT  
CARTHAGE MO 64836  
FAX: (417) 237-7002  
PHONE: (417) 237-7000**

.....  
NAME OF COMPANY \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF PERSON MAKING APPLICATION \_\_\_\_\_

RELATIONSHIP WITH COMPANY \_\_\_\_\_

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<b>MUST COMPLETE</b>	<b>AFTER HOURS CONTACT</b>	<b>MUST COMPLETE</b>
_____	_____	_____
NAME	PLEASE PRINT	PHONE (IF POSSIBLE CELL)

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BEGAN BUSINESS \_\_\_\_\_ SALES TAX # \_\_\_\_\_

PLEASE PROVIDE COPY

HOME OR CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

KIND OF SERVICES PERFORMED \_\_\_\_\_

**MONDAY THROUGH SATURDAY SALES**

**ORIGINAL PACKAGE**

**\$75.00**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**