

**LIQUOR (SUNDAY 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 _____

MUST COMPLETE	AFTER HOURS CONTACT	MUST COMPLETE
_____	_____	_____
NAME	PLEASE PRINT	PHONE (IF POSSIBLE CELL)

BEGAN BUSINESS _____ SALES TAX # _____
PLEASE PROVIDE COPY

HOME OR CELL PHONE _____ BUSINESS PHONE _____

KIND OF SERVICES PERFORMED _____

SUNDAY SALES

ORIGINAL PACKAGE

\$300.00

SIGNATURE OF APPLICANT

DATE