



City of Hannibal
Office of City Clerk

320 Broadway • Hannibal, MO 63401
Phone: 573-221-0111 • Fax: 573-221-8191

**APPLICATION FOR CATERERS LICENSE (\$15.00)
CITY OF HANNIBAL, MO**

Name of Company: _____ Telephone: _____

Business Address: _____
(Street) (City) (State) (Zip)

Name of Applicant: _____

Current Liquor License Number: _____ Contact Phone Number: _____

EVENT CRITERIA:

Date of Event: _____ Time of Event: _____

(License effective for a period not to exceed seventy-two (72 hours, which shall authorize the servicing of Alcoholic beverages for on-premises consumption only.)

Location of Event: _____

(Must have Council approval when location of event is in a zoning district not otherwise permitting the Sale of intoxicating liquor.)

Explanation of Event:

Signature of Applicant: _____ Date: _____

_____ Zone permitting the sale of intoxicating liquor. (To be determined by the Building Inspection Department)

_____ Zone not otherwise permitting the sale of intoxicating liquor.

Building Inspection Approval By: _____ Date: _____

Approval of Council By: _____ Date: _____

City Clerk's Office
Final Approval By: _____ **Date:** _____