



CITY OF LOUISIANA

202 South Third Street
Suite 118
Louisiana, MO 63353

LIQUOR LICENSE APPLICATION

Business Type: _____

Business Name: _____

Owner's Name: _____

Mailing Address: _____

Business Address: _____

Business Phone Number: _____

TYPE OF LICENSE REQUESTED:

(Check All Applicable and Required)

- Malt Liquor in Original Package
- Malt Liquor by the Drink
- Malt Liquor and Light Wines by the Drink
- Intoxicating Liquor (all kinds) in Original Package
- Intoxicating Liquor (all kinds) by the Drink
- Intoxicating Liquor in Original Package on Sundays
- Intoxicating Liquor by the Drink on Sundays

Signature of Requestor/Owner

Date