

**CITY OF FENTON
APPLICATION FOR TASTING PERMIT
FEE: \$37.50**

I. **Name of Organization:** _____
Address: _____
Telephone: _____

II. **Applicant's Name** _____
Address: _____
Telephone; _____

III. **Type of activity at which liquor will be served:**

Date(s): _____
Hours liquor will be served: _____
Current license number: _____
Will liquor be sold or dispensed at no charge ?
_____ **Sold** _____ **No Charge**

IV. **Please complete the attached Police Record Check.**

**I hereby certify that the foregoing answers are true to the best
Of my knowledge and belief.**

Signature of Applicant

**Subscribed and sworn to before me, the undersigned, on the
_____ day of _____, 20__.**

Notary Public
Commission expires: _____

**This permit shall not authorize the sale of wine, malt beverages or
distilled spirits for on-premises consumption.**

**AUTHORIZATION FOR ST. LOUIS COUNTY POLICE
INVESTIGATION**

Name: _____

Date: _____

Address: _____

Date of Birth: _____

Social Security No. _____

I authorize the St. Louis County Police Department to make an inquiry or background investigation and gather any criminal or non-criminal documents of present and past activities regarding my character, integrity, reputation and performance.

I understand that all materials pertaining to this investigation become the property of the St. Louis County Police and will not be made available or returned to me. I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

I agree to indemnify and hold harmless the persons to whom this request is presented, along with their company or organization, the St. Louis County Police and the City of Fenton therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

A copy of my driver's license or authorized photo identification is attached.

Signature

RETURN THIS FORM WITH THE RENEWAL APPLICATION