



APPLICATION FOR BEVERAGE LICENSE

Type of Beverage License Requested: Packaged By The Drink Other _____

Date: ____/____/____ Business Name: _____

Person making this application is : Owner Co-Owner Manager Agent

Full Name of Applicant: _____ Phone : _____

Home Address: _____

City: _____ State: _____ Zip: _____

Applicant Place of Birth: _____

How long at the above address?: _____

Give previous addresses and length of time at each for the past 5 years:

Give name and business address of employers for period of 5 years prior to the application:

Have You Ever Been Convicted of a Felony?: _____ If so, explain: _____

Business Location: _____

Will business be within 100 feet of any school or church?: _____

Class of License: _____

Missouri Sales Tax I.D. #: _____

Has applicant had a license as a liquor dealer revoked or suspended, or has been convicted since the ratification of 21st Amendment to the Constitution of the United States, of violation of the provisions of any law in any state applicable to the manufacture or sale of non-intoxicating beer, or he employs, or will employ in his business as such beer dealer, any person not of good moral character, or whose license has been revoked or suspended, or who has been convicted of violating the provisions of any such law since the date aforesaid? _____



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Is the applicant the person who is to be, in fact, actively engaged in the actual control and management of the particular beer establishment for which the license is sought?: _____
If not, explain: _____

State of Missouri
County of Boone

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, reasonable and responsible manner without misrepresentation, fraud, willful misconduct or false statement. If business ceases operation or license is suspended or revoked, all license, insignia, etc. will be immediately returned to City Clerk.

_____ Date: ____/____/____
Applicants Signature

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

My Commission will expire: