

- New Application
- Renewal
- Temporary



City of Marthasville
402 East Main Street, Marthasville, MO 63357
 Phone (636)433-5554

Filing Date: _____

Staff Initial: _____

APPLICATION FOR LIQUOR LICENSE

Upon completion of the application and background check (if required), this application will be presented at the June Board of Aldermen meeting. Approval is by a majority of the members present.

CHECK THOSE WANTED

General License

Sunday sales 9am-12am (Additional fees)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Package Liquor - Malt liquor only (includes Sunday)..... \$ 75.00 <input type="checkbox"/> Package Liquor - All kinds..... \$150.00 <input type="checkbox"/> Liquor By Drink - Malt liquor/light wine only..... \$ 75.00 <input type="checkbox"/> Malt Liquor Only By Drink (includes Sunday sales)..... \$ 75.00 <input type="checkbox"/> Liquor By Drink - All kinds..... \$450.00 | <ul style="list-style-type: none"> <input type="checkbox"/> Package Liquor - All kinds..... \$300.00 <input type="checkbox"/> Liquor By Drink - Restaurant bars..... \$300.00 <input type="checkbox"/> Liquor By Drink - Amusement places..... \$300.00 <input type="checkbox"/> Liquor By Drink - Charitable organizations..... \$300.00 |
|---|---|

Permits

- Temp Permit By Drink - Certain organizations (7 days max)... \$ 37.50
- Tasting Permit..... \$ 37.50
- Caterers (Per each calendar day - 7 days max)..... \$ 15.00

TOTAL AMOUNT DUE: _____

(Applicant), the undersigned, hereby makes application for liquor license or permit on the following described premises in the City of Marthasville, Missouri to wit (describe all premises to be used): Community Club Grounds/Building for the term ending on the 30th day of June, 20__, under and subject to the provisions of the laws and ordinances of the City of Marthasville, Missouri, relating to the regulations and control of the sale of intoxicating liquor. (Title VI, Chapter 600)

Name of Business: _____ Temp Permit Dates: _____

Address of Business: _____

Name of Managing Officer: _____

Managing Officer's Home Address: _____
Street
City/State
Zip

Managing Officer's Home Phone: _____ Managing Officer's Date of Birth: _____

Managing Officer's Drivers License No. _____ (*Provide a copy of Driver's License, if new applicant)

~ THE FOLLOWING ITEMS **MUST** BE PRESENTED ALONG WITH THIS APPLICATION ~

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application Complete & Notarized (All Applicants) Can be Notarized at City Hall <input type="checkbox"/> Police Record Check from County in which you live or Missouri Hwy Patrol (New Applicant Only) <input type="checkbox"/> Sale Contract or Lease covering the property for which license is requested (New Applicant Only) | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current State of Missouri Liquor License (All Applicants) <input type="checkbox"/> Copy of Driver's License (New Applicant Only) <input type="checkbox"/> Letter from Company Naming Managing Partner (New Applicant Only) |
|---|---|

Are you a Citizen of the United States? Yes No

If Not Naturalized, Give Number: _____ Dist. _____

Have you ever been convicted of a felony? Yes No What charge? _____
Where? _____

Have you ever been convicted of any violation of a federal law, state statute or local ordinance relating to intoxicating liquor?
 Yes No If yes, give details _____

MO DOR Sales Tax Registration Number: _____

Federal Employer Identification Number: _____

Hours of Operation: Monday - Friday: _____ am / pm to _____ am / pm
Saturday: _____ am / pm to _____ am / pm
Sunday: _____ am / pm to _____ am / pm

Legal Name of Company: _____

Check one: Individual Partnership Corporation

If Applicant is a Corporation Fill Out Following Questions. Otherwise Skip to Signature Section.

Date of Incorporation: _____

Does your corporation operate under any other business or controls? Yes No

If yes, name of such controlled or controlling corporation or business: _____

Registered Agent: _____

Registered Address: _____

List location of all businesses operated name and address of any such businesses with a liquor license: (Use separate paper if needed)

Does your controlling corporation operate under a fictitious name? Yes No

If yes, give address where said business is located: _____

The applicant has read this application and fully understands, that said license will be subject to all of the ordinances of the City of Marthasville pertaining to the operation of said business and agrees that he/she will abide by all lawful ordinances, regulations and rules adopted by the City of Marthasville relating to the conduct of said business, that he/she is in all respect qualified in law to receive such license, and that the answers and statements set out in the above application are true. It is understood and agreed that the license when and if issued shall be subject to revocation for cause by the Board of Aldermen and when and if lawfully revoked the City shall in no event return any part of the license fee paid for such license and such license fee shall be forfeited to the City.

Signature of Applicant _____ Signature of Owner _____

(Application Must Be Notarized)

Applicant, being duly sworn, to before me this _____ day of _____, 20____. States that the facts set out in the above application are true.

Notary Public

My Commission Expires