



City of Sugar Creek

103 South Sterling – Sugar Creek, Missouri

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64054

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LIQUOR LICENSE APPLICATION

APPLICANT _____

HOME ADDRESS _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

TELEPHONE NUMBER HOME-BUSINESS _____

DATE OF BIRTH _____

IF NATURALIZED, TIME AND PLACE _____

SOCIAL SECURITY NUMBER _____

LENGTH OF TIME A RESIDENT OF THE CITY _____

LENGTH OF TIME A RESIDENT OF THE STATE _____

ADDRESS OF THE PREMISES FOR WHICH LICENSE IS SOUGHT _____

EXACT DESCRIPTION OF THE AREA OF THE PREMISES FOR WHICH A LICENSE IS SOUGHT _____

ARE PREMISES FOR WHICH A LICENSE IS SOUGHT WITHIN THREE HUNDRED FEET OF A SCHOOL, CHURCH, CLINIC OR HOSPITAL? _____

CLASS OF LICENSE FOR WHICH THE PERSON IS APPLYING. (SEE ATTACHED FOR LIQUOR CLASSIFICATION AND FEES) _____

HAS APLICANT EVER BEEN CONVICTED OF A FELONY? _____

IF YES, GIVE DETAILS _____

HAS APPLICANT EVER BEEN DENIED A LIQUOR LICENSE BY THIS CITY OR ANY OTHER CITY, COUNTY OR STATE? _____

IF YES, GIVE DETAILS _____

PLEASE CHECK WHERE APPLICABLE:

- A. ___ APPLICATION IS FOR AN INDIVIDUAL DOING BUSINESS AS _____
- B. ___ APPLICATION IS ON BEHALF OF A PARTNERSHIP. ON ATTACHED, LIST ALL NAMES AND RESIDENTIAL ADDRESSES OF THE PARTNERS OR ANY PERSON WHO HAS A FINANCIAL INTEREST IN THE PARTNERSHIP.
- C. ___ APPLICATION IS ON BEHALF OF A CORPORATION. ON ATTACHED, SHOW DATE OF INCORPORATION, THE STATE IN WHICH INCORPORATED, THE NAMES AND RESIDENTIAL ADDRESSES OF THE OFFICES AND DIRECTORS AND THE NAMES AND ADDRESSES OF ALL STOCKHOLDERS WHO HOLD TEN PERCENT OR MORE OF CAPITAL STOCK.
- D. ___ ON ATTACHED, SHOW OTHER PERSONS HAVING A FINANCIAL INTEREST IN PREMISES FOR WHICH LICENSE IS SOUGHT.
- E. ___ FIRST REQUEST-- RENEWAL. IF FIRST REQUEST, ON ATTACHED, LIST THE NAMES AND ADDRESSES OF THE EMPLOYERS OF THE PERSON APPLYING FOR A LICENSE FOR A PERIOD OF FIVE YEARS PRIOR TO THE SUBMISSION OF THE APPLICATION.

I, HEREBY CERTIFY TO THE FOLLOWING STATEMENTS WHERE CHECKED:

- F. ___ THAT THERE IS AN INVENTORY OF GOODS OTHER THAN INTOXICATING LIQUOR IN THE AMOUNT OF \$ _____.
- G. ___ THAT NO DISTILLER, WHOLESALER, WINE MAKER, BREWER OR SUPPLIER OF COIN-OPERATED, COMMERCIAL, MANUAL OR MECHANICAL AMUSEMENT DEVICES OR THE EMPLOYEES, OFFICERS OR AGENTS THEREOF HAVE ANY FINANCIAL INTEREST IN THE RETAIL BUSINESS FOR WHICH THIS APPLICATION IS MADE, AND THAT NEITHER DIRECTLY OR INDIRECTLY, WILL I BORROW OR ACCEPT FROM ANY SUCH PERSONS; EQUIPMENT, MONEY, CREDIT OR PROPERTY OF ANY KIND, EXCEPT ORDINARY COMMERCIAL CREDIT FOR LIQUOR SOLD.
- H. ___ THAT I AM A REGISTERED QUALIFIED VOTER OF THE STATE OF MISSOURI. ATTACHED IS A CERTIFICATION FROM THE ELECTION AUTHORITY.
- I. ___ ATTACHED IS A COPY OF MY TAX RECEIPT FOR THE YEAR IMMEDIATELY PRECEDING THE DATE OF THE APPLICATION OF THE COUNTY, TOWN, CITY OR VILLAGE WHERE I RESIDE IN THE STATE OF MISSOURI OR (IF THE APPLICANT IS A CORPORATION) A COPY OF THE TAX RECEIPT FOR THE YEAR IMMEDIATELY PRECEDING THE DATE OF THE APPLICATION OF THE MANAGING OFFICER OF SUCH CORPORATION OF THE COUNTY, TOWN, CITY OR VILLAGE IN THE STATE OF MISSOURI WHERE SUCH MANAGING OFFICER RESIDES, OR, IN LIEU THEREOF, AN AFFIDAVIT OF THE COUNTY OR CITY ASSESSOR WHEREIN SUCH APPLICANT RESIDES OR, IF THE APPLICANT IS A CORPORATION, WHEREIN THE MANAGING OFFICER OF SUCH CORPORATION RESIDES, STATING THEREIN THAT THE APPLICANT OR MANAGING OFFICER OF SUCH CORPORATION OWNS PROPERTY FOR WHICH HE OR SHE IS LEGALLY SUBJECT AND LIABLE TO TAXATION IN THE COUNTY, TOWN, CITY OR VILLAGE WHERE APPLICANT OR, IF A CORPORATION, THE MANAGING OFFICER RESIDES IN THE STATE OF MISSOURI.

J. ___ WHERE APPLICATION IS BEING MADE FOR AN ORIGINAL PACKAGE LICENSE TO SELL INTOXICATING LIQUOR AT RETAIL, ATTACHED IS AN AFFIDAVIT STATING THAT THE PERSON APPLYING FOR THE LICENSE HAS AND AT ALL TIMES KEEPS IN HIS STORE A STOCK OF GOODS HAVING A VALUE ACCORDING TO INVOICES OF AT LEAST \$1,000.00 EXCLUSIVE OF FIXTURES AND INTOXICATING LIQUORS.

K. ___ LICENSE APPLIED FOR THE FIRST TIME. ATTACHED IS A PHOTOGRAPH OF THE EXTERIOR OF THE PREMISES OF THE PROPOSED PLACE OF BUSINESS. ALSO ATTACHED ARE THREE SETS OF DRAWINGS OF THE FLOOR PLAN OF THE PREMISES WITH SPECIFICATIONS OF THE FIXTURES CONTAINED THEREIN. (IF CHANGES TO THE PREMISES OR FIXTURES ARE MADE, NEW PLANS INDICATING SUCH CHANGES MUST BE SUBMITTED TO THE LIQUOR LICENSE OFFICER).

I FURTHER CERTIFY THAT I WILL BE ACTIVELY IN CHARGE OF THE LIQUOR ESTABLISHMENT FOR WHICH THIS LICENSE IS SOUGHT, AND THAT IN THE OPERATION OF THIS ESTABLISHMENT, I WILL ABIDE BY ALL CITY ORDINANCES, LAWS OF THE STATE AND UNITED STATES REGULATING THE OPERATION OF SUCH BUSINESS.

APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20__.

CITY CLERK OF SUGAR CREEK, MISSOURI

ACTION BY THE BOARD OF ALDERMEN: DATE APPROVED _____

DATE REJECTED _____

LICENSE NUMBER _____ LICENSE FEE _____

FOR _____ MONTH PERIOD.

IN REFERENCE TO (B) ON APPLICATION:

THIS APPLICATION IS ON BEHALF OF A PARTNERSHIP. THE FOLLOWING ARE NAMES AND RESIDENTIAL ADDRESSES OF THE PARTNERS OR ANY PERSON WHO HAS A FINANCIAL INTEREST IN THE PARTNERSHIP:

NAME

RESIDENTIAL ADDRESS

NAME

RESIDENTIAL ADDRESS

FOLLOWING ARE NAMES AND RESIDENTIAL ADDRESSES OF ALL STOCKHOLDERS WHO HOLD TEN PERCENT OR MORE OF CAPITAL STOCK:

NAME

RESIDENTIAL ADDRESS

IN REFERENCE TO (D) ON APPLICATION:

OTHER PERSONS HAVING A FINANCIAL INTEREST IN PREMISES FOR WHICH LICENSE IS SOUGHT:

NAME

RESIDENTIAL ADDRESS
