



**CITY OF MOUND CITY**

205 E. 6<sup>th</sup> Street, P.O. Box 215  
Mound City, MO 64470  
(660)-442-3447

**APPLICATION  
FOR  
LIQUOR LICENSE**

**CITY USE ONLY - DO NOT WRITE IN THIS SPACE**

Based on the information contained herein, the undersigned forwards this application for consideration by the Board of Aldermen and recommends the application be approved and the license issued.

INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Date Approved by Board:	License Term: FROM: _____ THROUGH: _____	License Number:	Fee Paid: \$ _____
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**INSTRUCTIONS**

- Please TYPE or PRINT the requested information. Applicant’s signature has to be notarized.
- Answer all questions fully or indicate “N/A” if not applicable.
- Attach copy of *State Liquor License Application* and copies of any additional supporting documents requested.
- Submit completed application to the City Collector with full payment of required license fee.
- Submit proof of “NO TAX DUE” from the State of Missouri, Department of Revenue, Sales Tax Division, Box 840, Jefferson City, MO 65101

**SECTION I – TYPE OF LICENSE REQUESTED**

Check one:  New Application     Renewal    Does this request alter your current license ( ) YES ( ) NO  
If yes, how? \_\_\_\_\_

Check all that apply:

**GENERAL LICENSES: Fees**

- Manufacturing, distilling or blending of intoxicating liquor: ..... \$300.00
- Manufacturing, distilling or blending of malt liquor: ..... \$300.00
- Sale of intoxicating liquor, and malt liquor at wholesale: ..... \$200.00
- Sale of malt liquor at wholesale: ..... \$ 50.00
- Malt liquor-original package: ..... \$ 75.00
- Intoxicating liquor (all kinds)-original package: ..... \$150.00
- Malt liquor-by drink: ..... \$ 75.00
- Malt liquor and light wines-by drink: ..... \$ 75.00
- Intoxicating liquor (all kinds)-by drink: ..... \$450.00.

**SUNDAY SALES (Additional fees):**

- Sunday Sales-Intoxicating liquor-original package: ..... \$300.00
- Sunday Sales-Intoxicating liquor by the drink (Resort): ..... \$300.00.

**PERMITS:**

- Temporary permit*-by the drink for certain organizations (7days max): ..... \$ 37.50
- Tasting permit*:..... \$ 37.50
- Caterer’s License*-One day event: ..... \$ 15.00

Event Dates: \_\_\_\_\_

**SECTION II - BUSINESS INFORMATION**

1. TYPE OF OPERATION : ( )INDIVIDUAL ( ) PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPORATION ( ) L.L.C.
2. NAME OF COMPANY: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_
3. TRADE NAME (D/B/A): \_\_\_\_\_
4. BUSINESS ADDRESS: \_\_\_\_\_
5. MAILING ADDRESS (if different than above): \_\_\_\_\_
6. MISSOURI RETAIL SALES TAX LICENSE NUMBER: \_\_\_\_\_
7. DESCRIPTION OF BUSINESS ACTIVITY: \_\_\_\_\_
8. DAYS AND HOURS OF OPERATION: \_\_\_\_\_

**SECTION III – APPLICANT INFORMATION**

1. **APPLICANT NAME** (Proprietor, Primary Partner, Managing Officer):

\_\_\_\_\_  
(First) (Middle) (Last) SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE \_\_\_\_\_ GENDER \_\_\_\_\_

PLACE OF BIRTH OF APPLICANT (City & State) \_\_\_\_\_

IS APPLICANT A U.S. CITIZEN? \_\_\_\_\_ If naturalized, give date and place of naturalization \_\_\_\_\_

Residence Address: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

Mailing Address: (if different than above): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2. **OWNER OF BUSINESS** (If different from applicant) or (if corporation) Name and Title of Company Officer responsible for above business:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**OWNER HOME-STREET ADDRESS** \_\_\_\_\_ **CITY/STATE/ZIP** \_\_\_\_\_

**OWNER MAILING ADDRESS** (If different than above: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Cell # \_\_\_\_\_

**OWNER DATE OF BIRTH** \_\_\_\_\_ **OWNER PLACE OF BIRTH** (City & State) \_\_\_\_\_

IS **OWNER** A U.S. CITIZEN? \_\_\_\_\_ If naturalized, give date and place of naturalization \_\_\_\_\_

3. Have you or any of your officers, directors, shareholders, or employees been convicted of a felony or of any distribution, sale or possession of any controlled substances or dangerous drugs or any Liquor Law Violation? ( ) YES ( ) NO If yes, please explain \_\_\_\_\_

**SECTION IV – ACKNOWLEDGEMENT**

The following statement is acknowledged by your signing, dating and having this document notarized: **I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained.**

It is understood and agreed that the City license herein applied for shall not be in full force and effect unless the licensee has a current license for the premises above described from the State of Missouri.

The applicant herein agrees that when and if said license be issued he/she will obey and abide by all lawful ordinances, regulations and rules adopted by said City in the conduct of said business. The applicant represents that he/she is in all respects qualified in law to receive such license. It is understood and agreed that the license when and if issued shall be subject to revocation for cause by the Supervisor of Liquor Control and when and if lawfully revoked for cause, no part of the fee paid hereunder shall be returned to the applicant.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF MISSOURI )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

Comes now the Applicant \_\_\_\_\_ of lawful age, being first duly sworn upon oath, and states that he/she has read the foregoing application and fully understands the same, and that the answers and statements given herein are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_