

2019 APPLICATION FOR LIQUOR LICENSE

Business Name as it will appear on the license _____

Business Physical Address _____

Name of Primary Individual Applicant or Legally Responsible Managing Officer of Corporation

_____ Phone _____

Home Address _____

Date of Birth _____ Social Security No. _____

Are you a native born or naturalized citizen of the United States of America? _____

Have you ever before been licensed for liquor sales? If "Yes", state when and where.

Have you ever had your liquor license revoked? If "Yes", state when and where.

Have you ever been convicted of any violation of any ordinance of the City of Marshfield, Missouri, or of any other municipality? If "Yes", state the date, place, offense and penalty:

Have you ever been convicted of any criminal offense against the laws of any State, or the Federal government? If "Yes", state the date, place, offense and penalty:

State the type of business which the applicant will conduct in conjunction with the sale of liquor, i.e. restaurant, grocery store, etc.:

For Office Use Only

(please circle one)

I have investigated the above named applicant(s) and recommend **for / against** approval of this license.

Signature – Chief of Police – City of Marshfield

Date

Type of License Requested: *please mark all applicable lines and include fees with application*

General Licenses

- _____ Malt Liquor – Original Package \$ 22.50
 - _____ Intoxicating Liquor (all kinds) – Original Package \$150.00
 - _____ Intoxicating Liquor (all kinds) – By the Drink (restaurant bar) \$450.00
 - _____ Malt Liquor & Light Wines – By the Drink (restaurant bar) \$ 52.50
- Sunday Sales Licenses (fees are in addition to above)
- _____ Intoxicating Liquor (all kinds) – Original Package \$300.00
 - _____ Intoxicating Liquor (all kinds) – By the Drink (restaurant bar) \$300.00

Missouri Sales Tax ID# _____ Federal Tax ID# _____

Include with application:

1. Copy of Applicant’s or Legally Responsible Officer’s Driver’s License
2. Copy of Applicant’s or Legally Responsible Officer’s Voter Registration Card
3. Copy of Certificate of Liquor Liability Insurance
4. Copy of Lease or Deed (or fully executed lease or sale contract contingent upon the issuance of this liquor license) covering the property location this license will apply to
5. Listing of other businesses owned and whether they have liquor licenses
6. Individual Applicants: A list of all persons who have a financial interest in this business, including their full name, home address, date of birth and social security number.
7. Corporations: documentation of corporate name, date of incorporation, it’s registered agent and registered address, and names and addresses of shareholders

<i>For Office Use Only</i>
General Business License #

STATE OF _____ SS
COUNTY OF _____

_____, being duly sworn, deposes and states on his/her oath that the facts contained in the above application are true and correct according to his/her best knowledge and belief; and further states that he/she will adhere to all statutes of the State of Missouri and all ordinances of the City of Marshfield as they apply to this license.

Signature of Individual Applicant
Or Legally Responsible Officer _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires: _____