

CITY OF MOUND CITY

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

APPLICATION FOR LIQUOR LICENSE

CITY USE ONLY - I	DO NOT WRITE II	N THIS SPACE		
	ned herein, the undersigned for		ation by the Board of Aldermen and reco	mmends the application
INVESTIGATOR:	DATE	:		
Date Approved by Board:	License Term:		License Number:	Fee Paid:
	FROM:	THROUGH:		\$
NETHICTIONS				
NSTRUCTIONS	Γ 41 4 - 1 : f	4:	as to be metarized	
	ally or indicate "N/A" is	tion. Applicant's signature h	as to be notarized.	
•	•	1.1		_
 Attach copy of State L 	iquor License Applicat	<i>ion</i> and copies of any additio	nal supporting documents reques	sted.
 Submit completed app 	lication to the City Coll	ector with full payment of red	quired license fee.	

Submit proof of "NO TAX DUE" from the State of Missouri, Department of Revenue, Sales Tax Division, Box 840, Jefferson

City, Mo	O 65101	
SECTION I	– TYPE OF LICENSE REQUESTED	
	□ New Application □ Renewal Does this request alter your current lice	nse () YES () NO
Check all tha	at apply: RAL 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:	
	Sale of malt liquor at wholesale:	\$ 50.00
	Malt liquor-original package:	
	Intoxicating liquor (all kinds)-original package:	
	Malt liquor-by drink:	
	Malt liquor and light wines-by drink:	
	Intoxicating liquor (all kinds)-by drink:	
SUNDA	Y SALES (Additional fees):	
	Sunday Sales-Intoxicating liquor-original package:	\$300.00
	Sunday Sales-Intoxicating liquor by the drink (Resort):	
PERMI		4-0000
	Temporary permit-by the drink for certain organizations (7days max):	\$ 37.50
_	Tasting permit:	
	Caterer's License-One day event:	
_	Event Dates: (Include a copy of your current State Lie	

$\underline{\textbf{SECTION II - BUSINESS INFORMATION}}$

1.	$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$
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:
0	DAVE AND HOURS OF ODER ATION.

SECTION III – APPLICANT INFORMATION

1.	SOCIAL SECURITY NO.:						
	(First)	(Middle)	(Last)	BOCHIE BECORTT TYO			
	DATE OF BIRTH:_		DRIVER'S LICENSE NO.:	STATE_	GENDER		
	PLACE OF BIRTH OF APPLICANT (City & State)						
	IS APPLICANT A U	J.S. CITIZEN? _	If naturalized, give date and plac	e of naturalization			
	Residence Address:			Length of Re	sidence:		
	Mailing Address: (if	different than abo	ove):	Phone: ()		
	OWNER OF BUSI above business:	NESS (If differen	nt from applicant) or (if corporation) Name and Title of Comp	any Officer responsible for		
	NAME			TITLE			
	OWNER HOME-S	TREET ADDRES	SSCIT	TY/STATE/ZIP			
	OWNER MAILING	G ADDRESS (If c	lifferent 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 o	f naturalization			
3.	possession of any co	ontrolled substan	ectors, shareholders, or employees be ces or dangerous drugs or any Lique	or Law Violation? () Y			
a c reg qua for ret	owingly employ a per en obtained. It is understood current license for the particular the gulations and rules ado alified in law to receive cause by the Supervisiurned to the applicant.	and agreed that the premises above decrein agrees that we peten by said City the such license. It sor of Liquor Con	wledged by your signing, dating and nauthorized alien in connection with the City license herein applied for shall escribed from the State of Missouri. When and if said license be issued he/s in the conduct of said business. The is understood and agreed that the licentrol and when and if lawfully revoked	I not be in full force and effects the will obey and abide by a applicant represents that he ense when and if issued shall for cause, no part of the fe	he permit or license has fect unless the licensee has all lawful ordinances, /she is in all respects ll be subject to revocation e paid hereunder shall be		
_	-						
	ATE OF MISSOURI						
CC	OUNTY OF)					
	Comes now ly sworn upon oath, ar d statements given her		ne has read the foregoing application orrect.	cand fully understands the sa	of lawful age, being first time, and that the answers		
Su	bscribed and sworn to	before me this	day of	, 20			
М·	Commission Evniras			Notary Pu	ıblic Signature		