



NEW LIQUOR LICENSE CHECKLIST

- _____ Must be associated with an active Gross Receipts Business License
- _____ Liquor License Application
- _____ State of Missouri Liquor Licenses
- _____ Fee (Cash, Credit or Check)

SCHEDULE OF FEES – LIQUOR LICENSE

Full original package sales	\$150.00
Full original package sales – Sunday	\$100.00
Full Sales by the drink	\$450.00
Full Sales by the drink – Sunday	\$100.00
Full Sales by the drink – substantial quantities of food – (at least 50% of gross income or \$275,000.00 in food sales)	\$450.00
Malt liquor original package sales	\$75.00
Malt liquor sales by the drink	\$75.00
Malt liquor sales by the drink – substantial quantities of food – (at least 50% of gross income or \$275,000.00 in food sales)	\$75.00
Manufacturer’s license for manufacture of alcoholic beverage not in excess of 22% alcohol by weight	\$150.00
Manufacturer’s license for manufacture of alcoholic beverages of all kinds	\$675.00
Manufacturer’s license for manufacture of malt liquor	\$375.00
Retail selling of beer and wine only by the drink, or in the original package (weekdays)	\$75.00
Wholesaler’s license for sale of alcoholic beverage not in excess of 22% alcoholic beverage by weight	\$150.00
Wholesaler’s license for sale of alcoholic beverage not in excess of 22% alcoholic beverage of all kinds	\$375.00
Wholesaler’s license for sale of malt liquor	\$90.00
Change of Ownership Fee	\$35.00



APPLICATION FOR A CITY OF RAYTOWN RETAIL LIQUOR LICENSE

Business Structure			
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership (All partners must sign in ALL spaces) <input type="checkbox"/> Corporation (Only the Managing Officer can sign application) <input type="checkbox"/> Limited Liability Company (Only the Managing Officer can sign application)			
Legal Name of Entity			
Doing Business As			
Physical Location Address or Location of entity's Principal Office (street address)			
City, State, Zip Code			
Mailing Address if different from above			
Business Telephone Number		Missouri Retail Sales Tax Number	
If applying as Corporation, LLC or Partnership, please state Missouri Secretary of State File Number			Date of Incorporation or Organization
Place of Incorporation or Organization (City/State)	Is Corporation or LC Non-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide IRS Tax Except Number
I, hereby make application for an alcoholic beverage license in the City of Raytown for the year beginning July 1, _____ through June 30, _____. Type of license desired <input type="checkbox"/> Full Sales by the drink/full sales restaurant <input type="checkbox"/> Full Sales by the drink/full sales restaurant including Sunday Sales <input type="checkbox"/> Malt Liquor/Wine only sales by the drink sales restaurant <input type="checkbox"/> Malt Liquor/Wine only sales by the drink sales restaurant including Sunday Sales <input type="checkbox"/> Full Liquor Package sales (retail) <input type="checkbox"/> Full Liquor Package sales (retail) including Sunday Sales <input type="checkbox"/> Malt Liquor/Wine only package sales (retail) <input type="checkbox"/> Malt Liquor/Wine only package sales (retail) including Sunday Sales <input type="checkbox"/> Wholesale of alcoholic beverages of all kinds <input type="checkbox"/> Wholesaler of alcoholic beverages not in excess of 22% <input type="checkbox"/> Wholesaler of malt liquor not in excess of 5%			
Signature of Owner, Managing Officer or Partner	Date	Signature of Partner (if there are more than one)	Date
Signature of Partner (if there are more than one)	Date	Signature of Partner (if there are more than one)	Date

Sole Owner – Partner – Managing Officer Information

The information given in this sections for the (check the one that applies)

Sole Owner Managing Officer Lead Partner

	Last Name		First Name		M.I.	
	Date of birth	Place of Birth		Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
	Home Phone Number		Email Address			
	Current Address			City	State	Zip Code
	Number of shares owned/Percentage of membership interest					
	Is Sole Owner, Managing Officer or Partner a naturalized citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, list date and court which admitted you to citizenship					

City, Town or Village where the sole owner, managing officer or Partner pays taxes

Sole Owner, Managing Officer or Partner is registered to vote in the following
Precinct: _____ City: _____ Ward: _____ County: _____

List addresses for the previous ten years

Previous Address	City	State and Zip code	Dates lived there
------------------	------	--------------------	-------------------

Previous Address	City	State and Zip code	Dates lived there
------------------	------	--------------------	-------------------

Previous Address	City	State and Zip code	Dates lived there
------------------	------	--------------------	-------------------

***IF APPLYING AS A CORPORATION OR LIMITED LIABILITY COMPANY GO TO PAGE 4**IF APPLYING AS A SOLE OWNER GO TO PAGE 5**

	Last Name		First Name		M.I.	
	Date of birth	Place of Birth		Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
	Home Phone Number		Email Address			
	Current Address			City	State	Zip Code
	Number of shares owned/Percentage of membership interest					
	Is Sole Owner, Managing Officer or Partner a naturalized citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, list date and court which admitted you to citizenship					

City, Town or Village where the sole owner, managing officer or Partner pays taxes

Sole Owner, Managing Officer or Partner is registered to vote in the following
Precinct: _____ City: _____ Ward: _____ County: _____

List addresses for the previous ten years

Previous Address	City	State and Zip Code	Dates lived there
------------------	------	--------------------	-------------------

Previous Address	City	State and Zip Code	Dates lived there
------------------	------	--------------------	-------------------

Previous Address	City	State and Zip Code	Dates lived there
------------------	------	--------------------	-------------------

Use this page if more than two partners otherwise go to Page 5

Partner Information				
Last Name		First Name		M.I.
Date of birth	Place of Birth	Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone Number	Email Address			
Current Address		City	State	Zip Code
Number of shares owned/Percentage of membership interest				
Is Sole Owner, Managing Officer or Partner a naturalized citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list date and court which admitted you to citizenship				

City, Town or Village where the sole owner, managing officer or Partner pays taxes

Sole Owner, Managing Officer or Partner is registered to vote in the following

Precinct: _____ City: _____ Ward: _____ County: _____

List addresses for the previous ten years

Previous Address _____ City _____ State and Zip code _____ Dates lived there _____

Previous Address _____ City _____ State and Zip code _____ Dates lived there _____

Previous Address _____ City _____ State and Zip code _____ Dates lived there _____

***IF APPLYING AS A CORPORATION OR LIMITED LIABILITY COMPANY GO TO PAGE 4**IF APPLYING AS A SOLE OWNER GO TO PAGE 5**

Last Name		First Name		M.I.
Date of birth	Place of Birth	Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone Number	Email Address			
Current Address		City	State	Zip Code
Number of shares owned/Percentage of membership interest				
Is Sole Owner, Managing Officer or Partner a naturalized citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list date and court which admitted you to citizenship				

City, Town or Village where the sole owner, managing officer or Partner pays taxes

Sole Owner, Managing Officer or Partner is registered to vote in the following

Precinct: _____ City: _____ Ward: _____ County: _____

List addresses for the previous ten years

Previous Address _____ City _____ State and Zip Code _____ Dates lived there _____

Previous Address _____ City _____ State and Zip Code _____ Dates lived there _____

Previous Address _____ City _____ State and Zip Code _____ Dates lived there _____

Partner Information					
	Last Name		First Name		M.I.
	Date of birth	Place of Birth		Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Home Phone Number		Email Address		
	Current Address		City	State	Zip Code
	Number of shares owned/Percentage of membership interest				
	Is Sole Owner, Managing Officer or Partner a naturalized citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, list date and court which admitted you to citizenship				
City, Town or Village where the sole owner, managing officer or Partner pays taxes					
Sole Owner, Managing Officer or Partner is registered to vote in the following Precinct: _____ City: _____ Ward: _____ County: _____					
List addresses for the previous ten years					
Previous Address		City	State and Zip code		Dates lived there
Previous Address		City	State and Zip code		Dates lived there
Previous Address		City	State and Zip code		Dates lived there
*IF APPLYING AS A CORPORATION OR LIMITED LIABILITY COMPANY GO TO PAGE 4**IF APPLYING AS A SOLE OWNER GO TO PAGE 5					
	Last Name		First Name		M.I.
	Date of birth	Place of Birth		Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Home Phone Number		Email Address		
	Current Address		City	State	Zip Code
	Number of shares owned/Percentage of membership interest				
	Is Sole Owner, Managing Officer or Partner a naturalized citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, list date and court which admitted you to citizenship				
City, Town or Village where the sole owner, managing officer or Partner pays taxes					
Sole Owner, Managing Officer or Partner is registered to vote in the following Precinct: _____ City: _____ Ward: _____ County: _____					
List addresses for the previous ten years					
Previous Address		City	State and Zip code		Dates lived there
Previous Address		City	State and Zip code		Dates lived there
Previous Address		City	State and Zip code		Dates lived there

Shareholder – Member – Officer Information							
Last Name		First Name		MI	Date of Birth	Place of Birth	
Social Security Number		Sex	Position*			Number of Shares owned/Membership Interest	
Address			City		State	Zip Code	Telephone Number
Last Name		First Name		MI	Date of Birth	Place of Birth	
Social Security Number		Sex	Position*			Number of Shares owned/Membership Interest	
Address			City		State	Zip Code	Telephone Number
Last Name		First Name		MI	Date of Birth	Place of Birth	
Social Security Number		Sex	Position*			Number of Shares owned/Membership Interest	
Address			City		State	Zip Code	Telephone Number
Last Name		First Name		MI	Date of Birth	Place of Birth	
Social Security Number		Sex	Position*			Number of Shares owned/Membership Interest	
Address			City		State	Zip Code	Telephone Number
Last Name		First Name		MI	Date of Birth	Place of Birth	
Social Security Number		Sex	Position*			Number of Shares owned/Membership Interest	
Address			City		State	Zip Code	Telephone Number
Last Name		First Name		MI	Date of Birth	Place of Birth	
Social Security Number		Sex	Position*			Number of Shares owned/Membership Interest	
Address			City		State	Zip Code	Telephone Number
Last Name		First Name		MI	Date of Birth	Place of Birth	
Social Security Number		Sex	Position*			Number of Shares owned/Membership Interest	
Address			City		State	Zip Code	Telephone Number
Last Name		First Name		MI	Date of Birth	Place of Birth	
Social Security Number		Sex	Position*			Number of Shares owned/Membership Interest	
Address			City		State	Zip Code	Telephone Number
Last Name		First Name		MI	Date of Birth	Place of Birth	
Social Security Number		Sex	Position*			Number of Shares owned/Membership Interest	
Address			City		State	Zip Code	Telephone Number

*Position = President, Vice-President, Executive Vice-President, Secretary, Treasurer, Member, Shareholder, Chairman, Trustee, CEO, Director

Business Location and Financial Information

Attach A
Recent
Photograph
Of Premise
To Be
Licensed

1. What is the distance in feet, measured in a straight line from the nearest point of the above pictured licensed premises to the nearest point of the nearest school, church, or other building regularly used as a place of religious worship?
2. Specify if the applicant owns rents or leases the premises to be licensed. Owns Rents Leases
 - a. If the applicant rents or leases the premises, state terms of agreement.
 - b. If the applicant rents or leases the premises, enter landlord's name and address.
3. What interest, if any, does the landlord or previous owner have, directly or indirectly, in the business in which the applicant intends to engage, or in the real property on which it is located?
4. If the applicant purchased the business:
 - a. Give name of former owner for who it was purchased _____
 - b. State the amount paid for the business _____
 - c. State in detail the terms and manner of payment _____
5. State the name and address of any person, firm, corporation or other entity holding any mortgage or encumbrance of any kind against the business for which this license is sought, and state amount of mortgage or encumbrance and terms of payment. (if none, so state.) _____
6. State the name of any person, firm corporation or other entity that has advanced, loaned or otherwise made available, or that will do so, any money for the applicant to purchase or operate the business for which this license is sought. Give details. _____
7. Does anyone listed on pages 2,3 or 4 of this application have any direct or indirect financial interest in any brewery, winery, distillery, rectifying or blending plant, gasohol facility, liquor or beer concern either as part owner, shareholder, agent, employee or otherwise? If so, give details. _____
8. State the name and address of any distiller, wholesaler, winemaker or brewer or any employee, officer or agent thereof, who will, directly or indirectly, loan, give away or furnish equipment, money, credit or property of any kind to the applicant except what is permitted by the Regulations of the Supervisor of Alcohol and Tobacco Control, or of any who has done so. (if none, so state) _____
9. State the name and address or any person, firm, corporation or other entity, other than those listed on pages 2,3 and 4 of this application who has or will have a direct or indirect financial investment or interest in the business for which the applicant seeks a license and state the nature of such interest. (If none, so state) _____
10. In what banks(s) or other financial institutions(s) does/will the applicant maintain the financial accounts for the business seeking license herein? (include both name and address) _____

Information Concerning Owners(s), Managing Officer, Shareholders(s), Members(s)

	YES	NO
11 Do you understand that the managing officer named on page 2 of this application must be a person in the applicant's employ, either as an officer or an employee who is vested with the general control and superintendence of a whole, or a particular part of, the applicant's business at a particular place? 11a. Do you meet this requirement?	<input type="checkbox"/>	<input type="checkbox"/>
12 If a license is granted, does the applicant agree that it will first obtain the approval of the Supervisor of Alcohol and Tobacco Control before naming any other person as managing officer, other than the person named herein, who should be actively in charge of the business during the term for which the license is granted?	<input type="checkbox"/>	<input type="checkbox"/>
13 Do any of the following hold a direct or indirect interest in any other license issued by the Supervisor of Alcohol and Tobacco Control which is now in force: Any person or entity listed on pages 2, 3 or 4 of this application, any person with an interest in any person or entity listed on pages 2, 3 or 4, or any member of the households or immediate families of the preceding?	<input type="checkbox"/>	<input type="checkbox"/>
14 Has any party listed on pages 2, 3 or 4 of this application ever held a license from the Supervisor of Alcohol and Tobacco Control, or ever had a financial interest in any entity which held such a license?	<input type="checkbox"/>	<input type="checkbox"/>
15 Has any party listed on pages 2, 3 or 4 of this application ever made application for a license which was denied by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county or city?	<input type="checkbox"/>	<input type="checkbox"/>
16 Have any of the parties listed on pages 2, 3 or 4 of this application ever held a license or had a financial interest in a license which was suspended, revoked, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county or city?	<input type="checkbox"/>	<input type="checkbox"/>
17 Is there now employed, or will the applicant employ, in the business sought to be licensed, any person who has at any time, held or had an interest in a license, or in an applied-for license, from the Supervisor of Alcohol and Tobacco Control which was suspended, revoked, fined, placed on probation or otherwise disciplined, or which was denied, or any person who has been charged with or indicted for, received a suspended imposition of sentence for, or been convicted of any crime?	<input type="checkbox"/>	<input type="checkbox"/>
18 Has anyone listed on pages 2, 3 or 4 of this application, or any person with an interest in the preceding, ever been employed by any entity that has had a license revoked, suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has any person or entity listed on pages 2, 3 or 4 of this application, or any other person with a direct or indirect financial interest in the business ever been charged with or indicted for, received a suspended imposition of sentence for, or been convicted of a violation of any Federal law, law of the State of Missouri or any other state or country, or entered and/or been present in the United States in violation of Federal immigration laws?	<input type="checkbox"/>	<input type="checkbox"/>
20 Has any person or entity listed on pages 2, 3 or 4 of this application, or any other person with a direct or indirect financial interest in the business ever been convicted of the violation of any city ordinance relating to intoxicating liquor, non-intoxicating beer, gambling, immorality, fighting, peace disturbance or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
21. Has any person or entity listed on pages 2, 3 or 4 of this application, or any other person with a direct or indirect financial interest in the business ever been convicted of the violation of any Federal law, law of the State of Missouri or any other state or country concerning intoxicating liquor or non-intoxicating beer?	<input type="checkbox"/>	<input type="checkbox"/>
22 Has any entity of which any person listed on pages 2, 3 or 4 of this application has been managing officer, shareholder, director, officer or member ever been charged with, indicted for, received a suspended imposition of sentence for, or been convicted of a violation of any Federal law, law of the State of Missouri or of any other state or country?	<input type="checkbox"/>	<input type="checkbox"/>
23 Is this application being made by the applicant as a subterfuge to permit any person or entity other than the applicant to secure a license from the Supervisor of Alcohol and Tobacco Control, in your name, for his/it's benefit?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED "NO" TO QUESTIONS 11, 11A, 12 OR IF YOU ANSWER "YES" TO QUESTIONS 13 THROUGH 23, EXPLAIN THE ANSWER IN DETAIL BELOW BY PLACING THE QUESTION NUMBER NEXT TO THE EXPLANATION, USE ADDITIONAL SHEET(S) IF NECESSARY.

Question #	Explanation

IMPORTANT

You are required to report any change of fact contained h within ten (10) days to local and state agencies!

The applicant understands that false answers are grounds for denial of a license.

The applicant acknowledges that the statements and answers within the application are true. If statements made are untrue and the license herein applied for is granted, such license may be revoked, suspended, fined, placed on probation or otherwise disciplined by the city's agent in accordance with the provisions of Chapter Three of the Raytown Code of Ordinances, known as the Alcoholic Beverage Control Code of the City of Raytown. I further understand and agree that if any of its employees, members, partners, stakeholders or shareholders violate the provisions of any laws of the State of Missouri, or any provision of said Code or knowingly allow any other person to do so upon the licensed premises, the license may be suspended or revoked. Applicant further agrees that if the license is granted inspections may be made in accordance with the provision of said coed.

I, _____, of lawful age, being first duly sworn upon my oath, depose and say that I have read this application and fully understand same and that I know the contents thereof and the answers and statement contained therein and that the same are true.

Signature of Owner, Managing Officer or Partner	Date	Signature of Owner, Managing Officer or Partner	Date
Signature of Owner, Managing Officer or Partner	Date	Signature of Owner, Managing Officer or Partner	Date

If Applicable type or print the exact name of the Corporation or Limited Liability Company (as it appears in the Articles of the Inc. or Articles of Org)

NOTARY INFORMATION

Notary Public Embosser or Black Ink Rubber Stamp	State of	County	
	Subscribed and Sworn Before me this		USE RUBBER STAMP IN CLEAR AREA BELOW
	Day of	Year	
	Notary Public Signature	My Commission Expires	
Notary Public Name (Typed or Printed)			

FOR OFFICE USE ONLY – DO NOT WRITE IN AREA BELOW

Based on the information contained herein, the undersigned forward this application for consideration by the City of Raytown to the Alcohol and Tobacco Control, State of Missouri and recommend that this application be approved and the license issued upon receipt of a license for the State of Missouri.

Agent

Director of Alcohol Control

Managing Officer Appointment Form

Date _____

_____, has appointed
(Name of Corporation or Organization)

_____, as Managing
(Name of Managing Officer)

Officer for the corporation/organization. The Managing Officer is a person in the licensee's employ, either as an officer or as an employee who is vested with the general control and superintendence of a whole, or a particular part of, the licensee's business, as required by 11 XSR 70-2.030(7) of the State of Missouri Code.

Officer of the Organization

Date