



LIQUOR LICENSE APPLICATION

Application for a liquor license shall be made by the individual who is, in fact, actively engaged in the actual control and management of the premises for which said license is sought. Please answer each question fully and completely.

***Temporary/Caterer's License requires different application**

BUSINESS INFORMATION

() Indiv () Partnership () Corp () LLC _____
Name of Business/Legal Entity D/B/A

| | | | | |
|---------------------------|------|--------|-------|-----|
| Business Physical Address | City | County | State | Zip |
|---------------------------|------|--------|-------|-----|

| | | | | |
|--------------------------|------|--------|-------|-----|
| Business Mailing Address | City | County | State | Zip |
|--------------------------|------|--------|-------|-----|

| | | |
|--|--------------|---------------|
| Owner/Managing Agent (attach list if applicable) | Phone Number | Email Address |
|--|--------------|---------------|

| | | |
|-----------------------|--------------|---------------|
| Contact Name/Position | Phone Number | Email Address |
|-----------------------|--------------|---------------|

| | |
|---------------------------------|-----------------|
| Date Business Scheduled to open | Zoning District |
|---------------------------------|-----------------|

TYPE OF BUSINESS (check appropriate boxes)

- | | |
|---|--|
| <input type="checkbox"/> Bar <input type="checkbox"/> Restaurant <input type="checkbox"/> Liquor/Convenience Store <input type="checkbox"/> Microbrewery | <input type="checkbox"/> Liquor Wholesale <input type="checkbox"/> Winery <input type="checkbox"/> Other _____ |
|---|--|

TYPE OF LIQUOR SOLD (check appropriate boxes)

| | DESCRIPTION | FEE |
|--------------------------|--|----------|
| <input type="checkbox"/> | [600.050] Malt liquor-original package 3.2% or not in excess of 5% | \$ 22.50 |
| <input type="checkbox"/> | [600.060] Intoxicating liquor (all kinds)-original package | \$150.00 |
| <input type="checkbox"/> | [600.080] Malt liquor and light wine-by drink | \$ 52.50 |
| <input type="checkbox"/> | [600.090] Intoxicating liquor (all kinds)-by drink | \$300.00 |
| <input type="checkbox"/> | [600.070] Sunday Intoxicating liquor (all kinds)-original package | \$200.00 |
| <input type="checkbox"/> | [600.100] Sunday Intoxicating liquor (all kinds)-by drink | \$200.00 |
| <input type="checkbox"/> | [600.110] Sunday Restaurant bar or Transient Guest Accommodations intoxicating liquor (all kinds)-by drink | \$200.00 |
| <input type="checkbox"/> | [600.140] Sunday Restaurant bar, Amusement places, places of Entertainment intoxicating liquor (all kinds)-by the drink | \$200.00 |

ADDITIONAL DOCUMENTS REQUIRED/PLEASE ATTACH

- Copy of lease or mortgage showing proof of occupancy
- Premises are _____ feet from nearest school, church or other building used for religious worship
- Copy of current State of Missouri liquor license
- Copy of current Jackson County liquor license
- Copy of applicant's driver's license
- Copy of Sales Tax Number and Certificate of No Tax Due
- Copy of Federal Identification Number/EIN
- Letter to Mayor and Board of Aldermen on your letterhead requesting a liquor license. Include the date opening, location, days/time of liquor sales, and type of liquor sales

ACKNOWLEDGEMENT

By signing below, you certify that the information given in this application is true to the best of your knowledge and belief and that the license is non-transferable. All provisions of the liquor control laws, rules and regulations and city ordinances shall extend to such premises and shall be enforced.

| | | | |
|-------------------------------|---------------------|--------------|-------------|
| Signature of Applicant | Printed Name | Title | Date |
|-------------------------------|---------------------|--------------|-------------|

Return this application and all required documents including payment to: City of Oak Grove
 City Clerk
 2110 S Broadway
 PO Box 805
 Oak Grove, MO 64075

FOR CITY USE ONLY

| | |
|--|---|
| Verified attachments <input type="checkbox"/> Lease/Mortgage <input type="checkbox"/> State Liquor License <input type="checkbox"/> County Liquor License <input type="checkbox"/> Drivers License <input type="checkbox"/> Sales Tax ID <input type="checkbox"/> EIN <input type="checkbox"/> BOA Request letter | Payment Received <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Card Conf # _____ Business License # _____ BOA Meeting _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Letter of Intent sent _____ _____ City Clerk or Designee Date |
|--|---|

For questions about this application, please contact the City Clerk at 816-690-3773 x 1004.