



CITY OF HOLTS SUMMIT
2018-2019 Liquor License Application

(check all that apply)

- Malt liquor (5% or less) and light wines not in excess of 14% by the drink for consumption on premises = \$52.50
Malt liquor not in excess of 5% in the original package = \$22.50
Sale of non-intoxicating beer in the original package = \$22.50
Sale of intoxicating liquor in the original package = \$150.00
Sale of intoxicating liquor in the original package on Sunday = \$200.00
Restaurant/Resort intoxicating liquor by the drink for consumption on premises = \$450.00

Total Due = \$ _____

The above fees are to be paid at the time of application.

- 1. Exact Name of Business (As it shall appear on the license) _____
2. Physical Address of Business _____
3. Mailing Address of Business _____
4. Business Telephone Number _____
5. Name of Owner of Business _____
6. Home Address of Business Owner _____
7. Home Telephone Number of Business Owner _____
8. Driver's License or State ID # of Business Owner _____
9. Name of Business Manager _____
10. Home Address of Business Manager _____
11. Home Telephone Number of Business Manager _____
12. Driver's License or State ID # of Business Owner _____
13. Names of all persons with owner interest in store _____

14. Have any of the above ever been convicted of a crime in any of the following jurisdictions:
United States: __Yes __No State of Missouri : __Yes __No City of Holts Summit, MO: __Yes __No
If your answer was yes to any of the above, please state what the crime was, the date and location of the crime and any other information that might be necessary. Please record this information on the back of this application.

NOTICE TO APPLICANT. All licenses expire on June 30 of each calendar year. This license is not transferable to any other person or entity. Applicant must submit the following with the application:

- 1. A tax clearance letter from the Missouri Department of Revenue showing that applicant is not indebted to the City of Holts Summit of the State of Missouri for any tax, including sales tax.
2. Payment of Fees
3. Copy of Voter Registration Card.

The undersigned applicant certifies that the information contained in this application is accurate and complete.

Applicant Signature _____ Date _____

Printed Name and Title _____

THIS SECTION WILL BE COMPLETED BY THE CITY OF HOLTS SUMMIT

Liquor License No. _____ Zone: _____

Amount Paid \$ _____ Check# _____ Cash _____ Credit Card Type _____ Receipt No. _____

Application is approved by Ordinance No. _____ Date _____

Application is denied for reason of _____

Signature of City Administrator _____ Date _____