



**CITY OF HOLTS SUMMIT  
2019-2020 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 \_\_\_\_\_

**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.
4. Criminal History Check (Can be done at the Missouri Highway Patrol Headquarters)
5. Current 2019-2020 Business License with the City of Holts Summit

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** \_\_\_\_\_