



**OFFICE OF THE CITY LICENSE INSPECTOR**  
**320 EAST MCCARTY ST.**  
**JEFFERSON CITY, MO 65101**  
**PHONE: (573)634-6322 FAX: (573)634-6329**  
**EMAIL: [BILLING@JEFFERSONCITYMO.GOV](mailto:BILLING@JEFFERSONCITYMO.GOV)**

**SINGLE SUNDAY  
LIQUOR LICENSE  
APPLICATION**

Application pursuant to Ord. 15694, codified as Section 4-20 (F) of the Code of the City of Jefferson  
Completed this license application and remit license fee payment of \$50.00, see Page 2.

BUSINESS NAME: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

City Business License Number: \_\_\_\_\_

City Liquor License Number: \_\_\_\_\_

Specific Day Requested for License: \_\_\_\_\_

DESCRIPTION OF PREMISES THAT THE LICENSE WILL COVER: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

**OWNER/PARTNER/OFFICER INFORMATION:**

Name: _____	Phone Number: _____
Home Address: _____	Social Security # _____
	Date of Birth: _____

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	Date of Birth: _____

*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*

**CONTINUED ON REVERSE SIDE** →

I hereby state that the answers made to the questions contained herein are true. I understand that false answers made herein may result in the Liquor Board's denial of this license application. I agree that if any statements or answers made herein are untrue and the license applied for is granted, such license may be revoked or suspended by the Liquor Board. I acknowledge that I am required to report any change of fact contained herein within 10 business days.

I understand that any license granted by the Liquor Board will be subject to the current provisions of the Code of the City of Jefferson and applicable Missouri State laws and regulations, and failure to conform thereto will subject my license to suspension or revocation by the Liquor Board. Further, I agree to allow inspections made in accordance with the provisions of the Code of the City of Jefferson, and I authorize the Liquor Board or its duly appointed agents to examine and secure copies of any business records or documents established in connection with this business including, but not limited to, those on file with my bookkeeper.

**Signature:** \_\_\_\_\_

*DISCLAIMER: Issuance of this license does not dispose of applicant's requirements to comply with any applicable State or County regulations or licensure requirements.*

**APPROVAL SIGNATURES (WE WILL OBTAIN THESE FOR YOU)**

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Director of Finance: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

City Administrator Designee: \_\_\_\_\_ Date: \_\_\_\_\_

*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*

Completed application (and all applicable documentation) and payment may be dropped off at or mailed to:

City of Jefferson, John G. Christy Municipal Building

Attn: Business Licensing

320 E. McCarty St., Room 202

Jefferson City, MO 65101

We also accept submittal of your application (and all applicable documentation) by email ([billing@jeffersoncitymo.gov](mailto:billing@jeffersoncitymo.gov)) or fax (573-634-6329) and subsequent credit or debit card payment by phone (call 573-634-6322).

Contact the Business License Administrator at (573)634-6322 or [billing@jeffersoncitymo.gov](mailto:billing@jeffersoncitymo.gov) for any further questions.