



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

**LIQUOR LICENSE
 APPLICATION
 RENEWAL**

You may find the relevant City code, Chapter 4 – Alcoholic Beverages – online at <http://documents.jeffcitymo.org/WebLink8/0/doc/336985/Page1.aspx>. You are encouraged to review its contents.

BUSINESS NAME: _____
 Doing Business As: _____
 BUSINESS ADDRESS: _____
 HOURS OF OPERATION: _____

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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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 →

1. Does any owner/partner/officer or any member hold a direct or indirect interest in any other license issued by the Missouri Supervisor of Liquor Control which is now in force? If so, list each licensee name and location of that premises:

2. Has any owner/partner/officer or any member ever held a license from the Missouri Supervisor of Liquor Control or ever had a financial interest in any entity which held such a license? If so, list each licensee name and location of that premises:

3. Has any owner/partner/officer or any member ever held a license or had a financial interest in a license which was suspended or revoked by the Missouri Supervisor of Liquor control or by the licensing authority of any other state, county or city? If so, provide details:

4. Is there now employed or will you employ, in the business sought to be licensed, any person who has at any time held an interest in a license from the Missouri Supervisor of Liquor Control which were suspended, revoked or denied or any person who has been convicted of a crime? If so, provide details:

5. Has any owner/partner/officer ever been employed by any person, partnership or corporation that has had a license suspended or revoked by the Missouri Supervisor of Liquor Control? If so, provide details:

6. Has any owner/partner/officer or any person with a direct or indirect interest in the business ever been charged with, indicted for, received a suspended imposition of sentence, or convicted of a violation of any Federal law, law of the State of Missouri or of any other state or county? If so, provide details:

7. Has any owner/partner/officer or any person with a direct or indirect 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? If so, provide details:

8. Specify if you own, rent or lease the premises of this business: _____
State the terms of agreement: _____
Landlord's name and address: _____

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.

I authorize the Liquor board or its duly appointed agents to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, note and loan documents, deposit and withdrawal records and escrow documents of the business' financial institution(s) or any financial records established in connection with the business.

The undersigned owner/partner/officer of the business authorizes the Liquor Board or its duly appointed agents to conduct a criminal record check of all of the individuals listed herein with an ownership interest in this business.

Signature: _____

**EMERGENCY NOTIFICATION INFORMATION
AFTER HOURS CONTACTS**

Alarm Company: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

APPROVAL SIGNATURES (WE WILL OBTAIN THESE FOR YOU)

Director of Finance: _____ Date: _____