



Excelsior Springs Police Department Application for Retail Liquor License

BUSINESS STRUCTURE

- | | |
|--|---|
| <input type="checkbox"/> Sole Owner
(Sole owner must sign the application) | <input type="checkbox"/> Corporation
(Only the Managing Officer can sign the application) |
| <input type="checkbox"/> Partnership
(All Partners must sign the application) | <input type="checkbox"/> Limited Liability Company
(Only the Managing Officer can sign the application) |
| <input type="checkbox"/> Limited Liability or Corporate Partnership
(Only the Managing Officer can sign the application) | |

BUSINESS INFORMATION

LEGAL NAME OF ENTITY (MUST CORRESPOND WITH RETAIL SALES TAX LICENSE)

DOING BUSINESS AS / TRADE NAME (MUST CORRESPOND WITH RETAIL SALES TAX LICENSE)

PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)

CITY, STATE, ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

BUSINESS TELEPHONE NUMBER

LICENSE OPTIONS (choose one)

INDICATE THE LICENSE TYPE BEING SOUGHT

- | | |
|---|---|
| <input type="checkbox"/> 5.0% Beer - Including Wine Coolers: Sale on Premises or Package (This is a seven-day license. There is no additional fee for Sunday sales.) | <input type="checkbox"/> Missouri Wine-by-the-Drink |
| <input type="checkbox"/> 5.0% Beer/Wine: Sales on Premises or Package (If sold in original package or consumption on Sunday, additional license is required.) | <input type="checkbox"/> Sunday Sales in Restaurants/Bars that Qualify |
| <input type="checkbox"/> Packaged Liquor | <input type="checkbox"/> Sunday Sales – Package Liquor |
| <input type="checkbox"/> Liquor-by-the-Drink | <input type="checkbox"/> Tastings |

PRIMARY POINT OF CONTACT

SOLE OWNER – PARTNER – MANAGING OFFICER INFORMATION

THE INFORMATION GIVEN IN THIS SECTION IS FOR THE (CHECK THE ONE THAT APPLIES):

- ☐ **SOLE OWNER** ☐ **PARTNER** ☐ **MANAGING OFFICER (Corporation, LLC, LLP, or Corporate Partnership)**

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PERCENTAGE OF OWNERSHIP	
HOME ADDRESS (NO P.O. BOXES)		CITY			STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE NUMBER		E-MAIL ADDRESS	

ADDITIONAL PARTNER(S)

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PERCENTAGE OF PARTNERSHIP
HOME ADDRESS (NO P.O. BOXES)		CITY			STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE NUMBER		E-MAIL ADDRESS	

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PERCENTAGE OF PARTNERSHIP
HOME ADDRESS (NO P.O. BOXES)		CITY			STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE NUMBER		E-MAIL ADDRESS	

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PERCENTAGE OF PARTNERSHIP
HOME ADDRESS (NO P.O. BOXES)		CITY			STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE NUMBER		E-MAIL ADDRESS	

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PERCENTAGE OF PARTNERSHIP
HOME ADDRESS (NO P.O. BOXES)		CITY			STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE NUMBER		E-MAIL ADDRESS	

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PERCENTAGE OF PARTNERSHIP
HOME ADDRESS (NO P.O. BOXES)		CITY			STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE NUMBER		E-MAIL ADDRESS	

SOLE OWNER & PARTNERS → SKIP TO PAGE 4**MANAGING OFFICER → CONTINUE TO PAGE 3**

SHAREHOLDER – MEMBER – OFFICER/DIRECTOR/TRUSTEE INFORMATION

one (1) entity per page – use additional Page 3 forms as necessary

STATE THE LEGAL NAME OF THE ENTITY WHOSE OWNERSHIP IS DESCRIBED ABOVE

IS THIS ENTITY PUBLICLY TRADED OR A PRIVATE EQUITY FUND?

☐ YES ☐ NO

LAST NAME (OR ENTITY NAME)

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

BIRTH STATE OR COUNTRY

SOCIAL SECURITY NUMBER

SEX

☐ M ☐ F

POSITION*

PERCENTAGE OF OWNERSHIP

ADDRESS

CITY

STATE & ZIP CODE

TELEPHONE NUMBER

LAST NAME (OR ENTITY NAME)

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

BIRTH STATE OR COUNTRY

SOCIAL SECURITY NUMBER

SEX

☐ M ☐ F

POSITION*

PERCENTAGE OF OWNERSHIP

ADDRESS

CITY

STATE & ZIP CODE

TELEPHONE NUMBER

LAST NAME (OR ENTITY NAME)

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

BIRTH STATE OR COUNTRY

SOCIAL SECURITY NUMBER

SEX

☐ M ☐ F

POSITION*

PERCENTAGE OF OWNERSHIP

ADDRESS

CITY

STATE & ZIP CODE

TELEPHONE NUMBER

LAST NAME (OR ENTITY NAME)

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

BIRTH STATE OR COUNTRY

SOCIAL SECURITY NUMBER

SEX

☐ M ☐ F

POSITION*

PERCENTAGE OF OWNERSHIP

ADDRESS

CITY

STATE & ZIP CODE

TELEPHONE NUMBER

LAST NAME (OR ENTITY NAME)

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

BIRTH STATE OR COUNTRY

SOCIAL SECURITY NUMBER

SEX

☐ M ☐ F

POSITION*

PERCENTAGE OF OWNERSHIP

ADDRESS

CITY

STATE & ZIP CODE

TELEPHONE NUMBER

* POSITION = OFFICER, DIRECTOR, TRUSTEE, MEMBER, SHAREHOLDER (If an officer AND member/shareholder, enter 'OFFICER')

MANAGING OFFICER → PROCEED TO PAGE 4

QUESTIONNAIRE

If additional space is needed for a response, attach a separate sheet of paper.

1. All areas where liquor will be sold, consumed or stored MUST be listed on the license as part of the legal description. Describe all such areas(s) including number of floors, exterior spaces, detached spaces, etc.

2. Is the distance in feet, measured in a straight line from the nearest point of the building to be licensed to the nearest point of the nearest school, church, or other building, regularly used as a place of religious worship a minimum of 100 feet apart? *If NO, the city letter of approval or written notice of an allowable exception under section 311.080, RSMo must be included with your application.*
☐ YES ☐ NO
3. Is there an existing license at the place of business?
☐ YES ☐ NO
If YES, state the name of that business and/or provide the license number.

4. Specify if the applicant owns, rents, or leases the premises to be licensed:
☐ OWNER ☐ RENTER ☐ LEASEE
5. If the applicant rents or leases the premises, enter the landlords name and address:

Does the landlord or previous owner have any interest, directly or indirectly, in the business?
☐ YES ☐ NO If YES, explain: _____
6. Is there any person, firm, corporation, or other entity holding any mortgage or encumbrance of any kind against the business for which this license is sought?
☐ YES ☐ NO If YES, state their name, address, amount of the mortgage or encumbrance, and terms of payment: _____

7. Is there any person, firm, corporation or other entity, other than those listed within this application, who has, or will, advance, loan or otherwise make available any money for the applicant to purchase or operate the business for which this license is sought?
☐ YES ☐ NO If YES, state their name and explain the terms: _____

8. Does anyone listed within this application have any direct or indirect financial interest (including immediate family members) in any brewery, winery, distillery, rectifying or blending plant, either as part owner, shareholder, agent, employee or otherwise?
☐ YES ☐ NO If YES, state their name and nature of such interest: _____

9. Is there any distiller, wholesaler, winemaker or brewer, or any employee, officer or agent thereof, who has or will, directly or indirectly, loan, give away, or furnish equipment, money, credit, or property of any kind to the applicant except what is permitted by the regulations of the Liquor Control Officer?
☐ YES ☐ NO If YES, state their name and explain the terms: _____

10. Is there any person, firm, corporation or other entity, other than those listed within this application, who has or will have a direct or indirect financial investment or interest (including immediate family member) in the business for which the applicant seeks a license?
☐ YES ☐ NO If YES, state their name and nature of such interest: _____

QUESTIONNAIRE CONTINUED

If additional space is needed, attach a separate sheet of paper.

11. State the name and address of the bank(s) or other financial institution(s) in which the applicant will maintain the financial accounts for the business: _____
12. Is the managing officer an employee or an officer of the applicant entity who is vested with the general control and superintendence of a whole, or a particular part of, the applicant's business at a particular place?
- ☐ YES ☐ NO ☐ Not applicable (Sole Owner & Partnership applicants, as indicated on page 1)
13. Has anyone listed within this application ever applied for a license on behalf of themselves or another party which was denied, or had a license that was revoked, by the State of Missouri's Supervisor of Alcohol and Tobacco Control, the City of Excelsior Springs' Liquor Control Officer, or by the licensing authority of any other state, county, or city?
- ☐ YES ☐ NO If YES, provide details: _____
14. Has anyone listed within this application ever held a license or had a financial interest in a license which was suspended, fined, placed on probation or otherwise disciplined by the State of Missouri's Supervisor of Alcohol and Tobacco Control, the City of Excelsior Springs' Liquor Control Officer, or by the licensing authority of any other state, county, or city?
- ☐ YES ☐ NO If YES, provide details: _____
15. Is there now employed, or will the applicant employ in the business sought to be licensed, any person who as 1) had interest in a license which was revoked by the State of Missouri's Supervisor of Alcohol and Tobacco Control, the City of Excelsior Springs' Liquor Control Officer, or by the licensing authority of any other state, county, or city in the last five (5) years, or 2) been convicted of a provision related to the manufacture or sale of intoxicating liquor?
- ☐ YES ☐ NO If YES, provide details: _____
16. Has anyone listed within this application, or any other person or entity with a direct or indirect financial interest in the business, ever been charged with, indicted for, pled guilty to, convicted of, or received a suspended imposition for a violation of any Federal law, law of the State of Missouri, ordinance of the City of Excelsior Springs, or any other laws of another state, county, or city; or entered and/or been present in the United State in violation of Federal immigration laws?
- ☐ YES ☐ NO If YES, provide details: _____
17. Has anyone listed in this application, or any other person with a direct or indirect financial interest in the business, been charged, with, pled guilty to, or been convicted of, violating any city or county ordinance relating to intoxicating liquor, gambling, immorality, fighting, peace disturbance, narcotics, or similar concern?
- ☐ YES ☐ NO If YES, provide details: _____
18. Is this application being made by the applicant as a subterfuge to permit any person or entity other than the applicant to secure a license from the City of Excelsior Springs' Liquor Control Officer, in your name, for their benefit?
- ☐ YES ☐ NO If YES, provide details: _____

PROCEED TO ACKNOWLEDGEMENTS AND AFFIRMATIONS

ACKNOWLEDGEMENTS AND AFFIRMATIONS

THE SOLE OWNER, ALL PARTNERS, OR MANAGING OFFICER MUST REVIEW AND INITIAL EACH SECTION BELOW TO ACKNOWLEDGE AND AFFIRM THAT THEY HAVE READ AND UNDERSTAND EACH PROVISION.

- (INITIAL) The applicant understands that false answers are grounds for denial of a license.
- (INITIAL) The applicant understands that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked, suspended, fined, placed on probation, or otherwise disciplined by the City of Excelsior Springs' Liquor Control Officer.
- (INITIAL) You are required to report any changes of fact contained herein to the City of Excelsior Springs' Liquor Control Officer in writing within fifteen (15) days.
- (INITIAL) The applicant acknowledges that any license granted by the City of Excelsior Springs' Liquor Control Officer will be subject to the provisions of Chapter 311, RSMo, and Chapter 600 of the Ordinances of the City of Excelsior Springs. Failure to conform thereto will subject its license to suspension, revocation, fine, probation, or other discipline by the Liquor Control Officer.
- (INITIAL) The applicant agrees to, at all times, permit the entry by any officer or investigator who may have legal supervisory authority for the purpose of searching and inspecting for violations of City Ordinances. The applicant acknowledges that failure to comply with searches and inspections could result in a suspension, revocation, probation, or other discipline by the Liquor Control Officer.
- (INITIAL) The applicant authorizes the Liquor Control Officer or his/her duly appointed agents to conduct a criminal record check of the owner, all partners, the managing officer, all officers, and stockholders or members with interest in the applying entity.
- (INITIAL) The applicant has reviewed the Excelsior Springs supplemental Checklist of Requirements for Primary Retail Liquor License.

I, _____, of lawful age, being first duly sworn upon my oath, depose and
 (Type or Print Name(s))
 say that I have read this application and fully understand same and that I know the contents thereof and the answers and statements contained therein and that the same are true.

SIGNATURE OF SOLE OWNER, MANAGING OFFICER, OR PARTNER	DATE	SIGNATURE OF PARTNER	DATE
SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP	STATE OF _____		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____		USE RUBBER STAMP IN CLEAR AREA BELOW
	DAY OF _____	YEAR _____	
	NOTARY PUBLIC SIGNATURE _____	COMMISSION EXPIRES _____	
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____		

LIQUOR CONTROL OFFICER

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	SIGNATURE _____	DATE _____
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IF APPROVED BY THE LIQUOR CONTROL OFFICER, THIS APPLICATION IS TO BE PRESENTED TO THE EXCELSIOR SPRINGS CITY COUNCIL FOR FINAL APPROVAL.