CITY OF GLADSTONE, MISSOURI
CHECKLIST FOR PRIMARY RETAIL LIQUOR LICENSE

The Application for a Primary Retail Liquor License is required to be completed by typing or printing information legibly using blue ink. Read the application carefully and provide full, complete and accurate answers. If you have any questions, please do not hesitate to contact our office. If applying as a partnership, all partners must sign the application. If applying as a corporation or limited liability company (LLC) only the Managing Officer can sign. The submission of a NOTARIZED ORIGINAL application is required.

APPLICANT APPLYING AS A SOLE OWNER, PARTNERSHIP, CORPORATION OR LLC IS REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS IN THE ORDER THEY ARE LISTED WITH THE APPLICATION FOR PRIMARY RETAIL LIQUOR LICENSE:

- Cash, Check, Money Order or Credit Card (excluding American Express) payable to the City of Gladstone in the correct amount of the license fee.
- Criminal record check must be submitted for each individual owner, or partner if a partnership. All members of an LLC must have a criminal record check. If applicant is a corporation, the following individuals must have a criminal record check: the Managing Officer, each officer and director; and all shareholder(s) that own ten percent or more of the stock of the business.
- Copy of Missouri Retail Sales Tax License in the name of the person, persons, or entity applying for the liquor license, with the correct address of the business. (Information available at www.dor.mo.gov)
- Statement of No Sales Tax Due from the Missouri Department of Revenue dated within the preceding 90 days. (Information available at www.dor.mo.gov)
- Copy of the sole owner's, all partners, or managing officer's personal property or real estate tax receipt for the preceding year.
- Copy of the sole owner's, all partners, or managing officer's voter's registration card.
- Copy of lease, rental agreement or contract of sale, or copy of warranty deed for premises to be licensed. Must be in the name of person, persons or entity applying for the license.
- Letter from the IRS exempting the organization from payment of federal income taxes. Required only if applying for a Class A-9 Retail License.
- Copy of Clay County Public Health Center Inspection form.
- If a corporation or LLC, submit a copy of Certificate of Good Standing from the Missouri Secretary of State dated within the preceding 90 days. Information available at www.sos.mo.gov.
- Completed Managing Officer Appointment Form.
- If applying for a Retail Liquor by the Drink – Resort license type, submit a schedule of gross receipts/food and alcohol sales signed by proper persons.
- If a change of ownership at a location where a liquor license is held, all valid Missouri Liquor licenses that are in effect at the premises must be submitted with this application. In order for liquor sales to continue at the business while this application is being processed, the current licensee must acknowledge that the current license remains in ownership control of the business by completing a Notice of Intent to Sell or Change Ownership Form.
- Every applicant for a license to sell intoxicating liquor or intoxicating beer at retail or for a license to permit consumption of liquor must attach securely to the application a recent photograph of the individual(s) signing the application and shall submit to complete fingerprints by the director.

CITY OF GLADSTONE, MISSOURI
APPLICATION FOR PRIMARY RETAIL LIQUOR LICENSE

TYPE OR USE ONLY BLUE INK TO COMPETE THIS APPLICATION

BUSINESS STRUCTURE

( ) Sole Owner
( ) Partnership (ALL Partners must sign in ALL spaces)
( ) Corporation (Only the Managing Officer can sign application)
( ) Limited Liability Company (Only the Managing Officer can sign application)

LEGAL NAME OF ENTITY

_____

DOING BUSINESS AS

_____

PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE

_____
Street City State Zip

MAILING ADDRESS (If different from above)

_____
Street City State Zip

BUSINESS TELEPHONE NUMBER **CELL PHONE NUMBER** **EMAIL ADDRESS**

_____

MISSOURI RETAIL SALES TAX NUMBER _____

IF APPLYING AS CORPORATION, LLC OR PARTNERSHIP, PLEASE STATE MISSOURI SECRETARY OF STATE FILE NUMBER AND DATE OF INCORPORATION OR ORGANIZATION

_____

PLACE OF INCORPORATION OR ORGANIZATION

_____
Street City State Zip

IS CORPORATION OR LLC NON PROFIT? ( ) Yes ( ) No
IF YES, PROVIDE TAX EXEMPT NUMBER _____

WILL TOBACCO PRODUCTS BE SOLD AT THE BUSINESS? ( ) Yes ( ) No

OPTIONAL APPLICATION FOR PERMISSION TO EMPLOY MINORS-MUST MEET QUALIFICATIONS

Does Applicant hereby make application for permission to employ minors between the ages of eighteen (18) and twenty-one (21) years old? ( ) Yes ( ) No

If yes, indicate the following appropriate qualification and applicant, managing officer or-if applying as a partnership-all partners must sign.

( ) **A** **If qualifying as a restaurant**, I certify that at least fifty-percent (50%) of the gross sales of the business for which this license application is made consists of food; **OR**

( ) **B** **If qualifying as an original package licensee**, I certify that at least fifty-percent (50%) of the gross sales of the business for which this license application is made consists of non-alcoholic sales; **OR**

( ) **C** **If qualifying as an original package licensee other than the preceding type,** I certify that there shall be an employee twenty-one (21) years of age or older on the licensed premises during all hours of operation.

OPTIONAL APPLICATION FOR PACKAGE LIQUOR LICENSE-MUST MEET QUALIFICATIONS

Applicant is required to keep in said store, if granted a license, a stock of goods having a value according to invoice of at least $1,000.00 exclusive of fixtures and intoxicating liquors at all times while said license, including any renewal thereafter is in effect; that an itemized inventory of said stock of goods is hereto attached; that all of said goods are saleable and that they are prominently exposed and offered to the public of sale in said store and will be exposed an offered for sale at all times as prominently as liquor is exposed and offered for sale; that as said merchandise is sold it will be replaced with other saleable merchandise and said stock of goods will at all times be maintained at a value of at least $1,000.00 exclusive of intoxicating liquors and fixtures. Does applicant hereby agree to the above and make application for business to engage in one or more of the following business types as provided in Section 311.200(1), RSMo? ( ) Yes ( ) No

If yes, indicate the following appropriate qualification and applicant, managing officer or-if applying as a partnership-all parties must sign.

( ) Drug Store ( ) Confectionery ( ) Cigar & Tobacco Store ( ) Grocery Store
( ) General Merchandise Store ( ) Delicatessen

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

SIGNATURE OF PARTNER, IF THERE ARE MORE THAN ONE **DATE**

SIGNATURE OF PARTNER, IF THERE ARE MORE THAN TWO **DATE**

SOLE OWNER-PARTNER-MANAGING OFFICER INFORMATION

( ) Sole Owner ( ) Managing Officer ( ) Partner

Last Name First Name Middle Initial

Date of Birth Place of Birth Social Security Number Sex ( ) M ( ) F

Home Phone Number Cell Phone Number Email Address

Current Address (Street Address, City, State, Zip)

Number of Shares Owned/Percentage of Membership Interest:

Is Sole Owner, Managing Officer or Partner a Naturalized Citizen? ( ) Yes ( ) No
If Yes, list date and court which admitted you to Citizenship _____

City, Town or Village where the Sole Owner, Managing Officer or Partner pays taxes:

Sole Owner, Managing Officer or Partner is registered to vote in the following:

Precinct City Ward County

List Addresses for the previous ten years: Street Address, City, State, Zip Dates lived there

IF APPLYING AS A CORPORATION OR LIMITED LIABILITY COMPANY GO TO PAGE 7
IF APPLYING AS A SOLE OWNER GO TO PAGE 8

PARTNER INFORMATION

Last Name First Name Middle Initial

Date of Birth Place of Birth Social Security Number Sex ( ) M ( ) F

Home Phone Number Cell Phone Number Email Address

Current Address (Street Address, City, State, Zip)

Number of Shares Owned/Percentage of Membership Interest:

Is Sole Owner, Managing Officer or Partner a Naturalized Citizen? ( ) Yes ( ) No
If Yes, list date and court which admitted you to Citizenship _____

City, Town or Village where the Sole Owner, Managing Officer or Partner pays taxes:

Sole Owner, Managing Officer or Partner is registered to vote in the following:

Precinct City Ward County

List Addresses for the previous ten years: Street Address, City, State, Zip Dates lived there

PARTNER INFORMATION (IF THERE ARE MORE THAN TWO)

Last Name First Name Middle Initial

Date of Birth Place of Birth Social Security Number Sex ( ) M ( ) F

Home Phone Number Cell Phone Number Email Address

Current Address (Street Address, City, State, Zip)

Number of Shares Owned/Percentage of Membership Interest:

Is Sole Owner, Managing Officer or Partner a Naturalized Citizen? ( ) Yes ( ) No
If Yes, list date and court which admitted you to Citizenship _____

City, Town or Village where the Sole Owner, Managing Officer or Partner pays taxes:

Sole Owner, Managing Officer or Partner is registered to vote in the following:

Precinct City Ward County

List Addresses for the previous ten years: Street Address, City, State, Zip Dates lived there

PARTNER INFORMATION (IF THERE ARE MORE THAN THREE)

Last Name First Name Middle Initial

Date of Birth Place of Birth Social Security Number Sex ( ) M ( ) F

Home Phone Number Cell Phone Number Email Address

Current Address (Street Address, City, State, Zip)

Number of Shares Owned/Percentage of Membership Interest:

Is Sole Owner, Managing Officer or Partner a Naturalized Citizen? ( ) Yes ( ) No
If Yes, list date and court which admitted you to Citizenship _____

City, Town or Village where the Sole Owner, Managing Officer or Partner pays taxes:

Sole Owner, Managing Officer or Partner is registered to vote in the following:

Precinct City Ward County

List Addresses for the previous ten years: Street Address, City, State, Zip Dates lived there

SHAREHOLDER-MEMBER-OFFICER INFORMATION

Last Name First Name Middle Initial

Date of Birth Place of Birth Social Security Number Sex ( ) M ( ) F

Home Phone Number Cell Phone Number Email Address

Current Address (Street Address, City, State, Zip)

Position:_____ Number of Shares:_____

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Last Name First Name Middle Initial

Date of Birth Place of Birth Social Security Number Sex ( ) M ( ) F

Home Phone Number Cell Phone Number Email Address

Current Address (Street Address, City, State, Zip)

Position:_____ Number of Shares:_____

****

Last Name First Name Middle Initial

Date of Birth Place of Birth Social Security Number Sex ( ) M ( ) F

Home Phone Number Cell Phone Number Email Address

Current Address (Street Address, City, State, Zip)

Position:_____ Number of Shares:_____

POSITION = President, Vice President, Executive Vice President, Secretary, Treasurer, Member, Shareholder, Chairman, Trustee, CEO, Director

BUSINESS LOCATION AND FINANCIAL INFORMATION

What is the distance in feet, measured in a straight line from the nearest point of the licensed premises to the nearest point of the nearest school, church, or other building regular used as a place of religious worship? _____

Specify if the applicant owns, rents or leases the premises, state terms of agreement: _____

_____

What interest, if any, does the landlord or previous owner have, directly or indirectly, in the business in which the applicant intends to engage, or in the real property on which it is located? _____

_____

If the applicant purchased the business:

(A) Give the name of former owner from whom it was purchased _____
(B) State the amount paid for the business _____
(C) State in detail the terms and manner of payment _____

_____

State the name and address of any person, firm, corporation, or other entity holding any mortgage or encumbrance of any kind against the business for which this license is sought, and state amount of mortgage or encumbrance and terms of payment. (If none, so state). _____

_____

State the name of any person, firm, corporation or other entity that has advanced, loaned or otherwise made available, or that will do so, any money for the applicant to purchase or operate the business for which this license is sought. Give details. _____

_____

Does anyone listed in this application have any direct or indirect financial interest in any brewery, winery, distillery, rectifying or blending plant, gasohol facility, liquor or beer concern, either as a part owner, shareholder, agent, employee or otherwise? If so, give details. If none, so state. _____

_____

~*ATTACH RECENT PHOTOGRAPH OF PREMISE TO BE LICENSED*~

State the name and address of any distiller, wholesaler, winemaker or brewer, or any employee, officer or agent thereof, who 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 City of Gladstone, or of any who has done so. If none, so state. _____

_____

State the name and address or any person, firm, corporation or other entity, other than those listed on in this application, who has or will have a direct or indirect financial investment or interest in the business for which the applicant seeks a license, and state the nature of such interest. If none, so state. _____

_____

In what bank(s) or other financial institution(s) does/will the applicant maintain the financial accounts for the business seeking license herein? Include both name and address. _____

_____

INFORMATION CONCERNING OWNER(S) MANAGING OFFICER, SHAREHOLDER(S), MEMBER(S

Do you understand that the managing officer named in this application must be a person in the applicant's employ, either as an officer or an employee 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 Do you meet this requirement? ( ) Yes ( ) No

If a license is granted, does the applicant agree that it will first obtain the approval of the City of Gladstone Liquor Control Officer before naming any other person as managing officer, other than the person named herein, who should be actively in charge of the business during the term for which the license is granted? ( ) Yes ( ) No

Do any of the following hold a direct or indirect interest in any other license issued by the City of Gladstone Liquor Control Officer which is now in force: any person or entity listed in this application, any person with an interest in any person or entity listed, or any member of the households or immediate families of the preceding? ( ) Yes ( ) No

Has any party listed in this application ever held a license from the City of Gladstone Liquor Control Officer, or ever had a financial interest in any entity which held such a license?
( ) Yes ( ) No

Has any party listed in this application ever made application for a license which was denied by the City of Gladstone Liquor Control Officer, or by the licensing authority of any other state, county or city?
( ) Yes ( ) No

Have any of the parties listed in this application ever held a license or had a financial interest in a license which was suspended, revoked, fined, placed on probation or otherwise disciplined by the City of Gladstone Liquor Control Officer, or by the licensing authority of any other state, county or city?
( ) Yes ( ) No

Is there now employed, or will the applicant employ, in the business sought to be licensed, any person who has at any time, held or had an interest in a license, or in an applied for license, from the City of Gladstone Liquor Control Officer which was suspended, revoked, fined, placed on probation or otherwise disciplined, or which was denied, or any person who has been charged with or indicted or received a suspended imposition of sentence for, or been convicted of any crime? ( ) Yes ( ) No

Has anyone listed in this application, or any person with an interest in the preceding, ever been employed by any entity that has had a license revoked, suspended, fined, placed on probation or otherwise disciplined by the City of Gladstone Liquor Control Officer? ( ) Yes ( ) No

Has any person or entity listed in this application, or any other person with a direct or indirect financial interest in the business ever been charged with or indicted for, received a suspended imposition of sentence for, or been convicted of a violation of any Federal law, law of the State of Missouri or any other state or country or entered and/or been present in the United States in violation of Federal Immigration Law? ( ) Yes ( ) No

Has any person or entity listed in this application, or any other person with a direct or indirect financial interest 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? ( ) Yes ( ) No

Has any person or entity listed in this application, or any other person with a direct or indirect financial interest in the business ever been convicted of the violation of any Federal Law, law of the State of Missouri or any other state or country concerning intoxicating liquor or non-intoxicating beer?
( ) Yes ( ) No

Has any entity of which any person listed in this application has been managing officer, shareholder, director, officer or member ever been charged with, indicted for, received a suspended imposition of sentence for, or been convicted of a violation of any Federal Law, law of the State of Missouri or any other state or country? ( ) Yes ( ) No

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 Gladstone Liquor Control Officer, in your name, for his/her benefit? ( ) Yes ( ) No

IF YOU ANSWERED "NO" TO THE FIRST TWO QUESTIONS IN THIS SECTION, OR IF YOU ANSWERED "YES" TO THE REMAINING QUESTIONS, EXPLAIN THE ANSWER IN DETAIL ON ADDITIONAL SHEETS OF PAPER.

IMPORTANT

You are required to report any change of fact contained herein within ten (10) days

- The applicant understands that false answers are grounds for denial of a license.
- 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 Gladstone.
- The applicant acknowledges that any license granted by the City of Gladstone will be subject to the provisions of the City of Gladstone Codification, Title V, Chapter 110, Alcoholic Beverages, Liquor Ordinance enacted by the Gladstone City Council August 25, 2014, and that failure to conform thereto will subject its license to suspension, revocation, fine, probation or other discipline by the City of Gladstone. Further, the applicant agrees to allow inspections made in accordance with the City of Gladstone Codification, and authorizes the City of Gladstone or his duly appointed agents to examine and secure copies of any and all business records or documents related in any way to this business, including, but not limited to, those on file with any bookkeeper.
- The applicant authorizes the City of Gladstone or his duly appointed agents to examine and secure copies of any and all financial records, including without limitation, signature cards, checking and savings account statements, notes and loan documents, deposit and withdrawal records, and escrow documents of its financial institutions(s), and any financial documents related to the business.
- The applicant authorized the City of Gladstone or his duly appointed agents to conduct a criminal record check of the owner, all partners, the managing officer, all officers, and stockholders or members owning en percent or more stock or interest in the applying entity.

I, _____, of lawful age, being first duly sworn upon my oath, depose and 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 OWNER, MANAGING OFFICER, OR PARTNER	**DATE**
SIGNATURE OF PARTNER, IF THERE ARE MORE THAN ONE	**DATE**
SIGNATURE OF PARTNER, IF THERE ARE MORE THAN TWO	**DATE**
SIGNATURE OF PARTNER, IF THERE ARE MORE THAN THREE	**DATE**

IF APPLICABLE, TYPE OR PRINT THE EXACT NAME OF THE CORPORATION OR LIMITED LIABILITY COMPANY (as it appears on the articles of incorporation or articles of origination).

NOTARY INFORMATION

STATE OF MISSOURI)
COUNTY OF CLAY)

Subscribed and sworn to me this _____ day of _____, 20__.

_____ _____
Notary Public Signature Notary Public printed name

My Commission Expires: _____
(Seal)

MANAGING OFFICER APPOINTMENT

Date: _____

_____has appointed _____
(name of corporation or organization) (name of Managing Officer)

as Managing Officer for the corporation/organization. The Managing Officer is a person in the licensee's employ, either as an officer or as an employee who is vested with the general control and superintendence of a whole, or a particular part of, the licensee's business.

_____
Officer of the Organization

_____
Managing Officer

FOR OFFICE USE ONLY-DO NOT WRITE IN AREA BELOW

Based on the information contained herein, the Liquor Control Officer for the City of Gladstone, Missouri, hereby recommends that this application be approved and the license be issued.

LIQUOR CONTROL OFFICER **DATE APPROVED**