

- ☐ New Application  
☐ Renewal  
☐ Temporary

CITY OF  
CAMERON

Filing Date: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

**CITY OF CAMERON LIQUOR LICENSE APPLICATION**

***\*\*Upon completion of the application, this application will be presented at the next regularly scheduled City Council Meeting. Approval is by a majority of the members present.\*\****

**Type of License Requested:**

- |                                                                       |          |                                                                    |          |
|-----------------------------------------------------------------------|----------|--------------------------------------------------------------------|----------|
| <input type="checkbox"/> OPL-Original Package Liquor                  | \$150.00 | <input type="checkbox"/> SOP-Sunday Original Package Liquor        | \$300.00 |
| <input type="checkbox"/> SOP-Original Package 5% Beer-includes Sunday | \$ 75.00 | <input type="checkbox"/> SBD-Sunday by the Drink                   | \$300.00 |
| <input type="checkbox"/> 5BD-5% by Drink (includes Sunday)            | \$ 75.00 | <input type="checkbox"/> OPT-Original Package Tasting              | \$ 37.50 |
| <input type="checkbox"/> 5BDW-5% by Drink Wine                        | \$ 75.00 | <input type="checkbox"/> RBDE-Retail Liquor by Drink EXEMPT        | \$450.00 |
| <input type="checkbox"/> RBDP-Retail Liquor by Drink Picnic           | \$ 37.50 | <input type="checkbox"/> RBDE-Retail Liquor by Drink Exempt/Sunday | \$300.00 |
| <input type="checkbox"/> RBDR-Retail Liquor by Drink <b>Resort</b>    | \$450.00 | <input type="checkbox"/> COL-Consumption of Intoxicating Liquor    | \$ 90.00 |

- ✓ Must submit documentation that annual gross receipts are not less than \$75,000 with at least \$50,000 of gross receipts from non-alcoholic sales.

(Applicant), the undersigned, hereby makes application for liquor license type(s) indicated above for the term ending on the 30<sup>th</sup> day of June annually, under and subject to the provisions of the laws and Ordinances of the City of Cameron, Missouri relating to the regulations and control of the sale of intoxicating liquor. (City of Cameron Code, Chapter 6, Article V).

Name of Business: \_\_\_\_\_ Business Phone # \_\_\_\_\_

Address of Business: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's Driver's License #: \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_\_

**\*\*\*THE FOLLOWING ITEMS MUST BY PRESENTED ALONG WITH THIS APPLICATION \*\*\***

- |                                                                                                                                                                                                              |                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Application complete & notarized ( <b>All Applicants</b> )                                                                                                               | <input type="checkbox"/> Copy of Driver's License (New applicant only)                                                                |
| <input checked="" type="checkbox"/> Copy of 'No Tax Due' certification from MoDOR (dated within 90 days) ( <b>All Applicants</b> )                                                                           | <input type="checkbox"/> Copy of applicant's voter registration card (New applicant only)                                             |
| <input checked="" type="checkbox"/> Applicant's current criminal history record (within 60 days) <a href="https://www.machs.mshp.dps.mo.gov">https://www.machs.mshp.dps.mo.gov</a> ( <b>All Applicants</b> ) | <input type="checkbox"/> Duplicate (2) passport size photographs of applicant (New applicant only)                                    |
| <input checked="" type="checkbox"/> Appropriate fee(s) ( <b>All Applicants</b> )                                                                                                                             | <input type="checkbox"/> Annual gross receipts statement including non-alcohol/alcohol sales ( <b>All Resort license Applicants</b> ) |

Are you a citizen of the United States? ☐ Yes ☐ No

If not naturalized, give immigration document number: \_\_\_\_\_

Are you a registered voter? ☐ Yes ☐ No

New Applicants – submit copy of voter registration.

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, what charge: \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been convicted of any violation of a federal law, state statute or local ordinance relating to intoxicating liquor? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

**Legal Name of Business:** \_\_\_\_\_

Mark One: ☐ Individual ☐ Partnership ☐ Corporation

**MoDOR Sales Tax Registration Number:** \_\_\_\_\_

**Federal Employer Identification Number:** \_\_\_\_\_

**Hours of Operation:** Mon – Fri: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Sat: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Sun: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Other comments: \_\_\_\_\_

**Detailed description of where liquor is served (or of special event):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
The applicant has read this application and fully understands that said license will be subject to all of the Ordinances of the City of Cameron pertaining to the operation of said business and agrees that he/she will abide by all lawful ordinances, regulations and rules adopted by the City of Cameron relating to the conduct of said business, that he/she is in all respects qualified in law to receive such license, and that the answers and statements set out in the above application are true. It is understood and agreed that the license, when and if issued, shall be subject to revocation for cause by the City Council and when and if lawfully revoked the City shall in no event return any part of the license fee paid for such license and said fee shall be forfeited to the City.

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

**\*\*Please note:** Applicant must also apply for applicable State and County licenses.

**(Application Must Be Notarized)**

Applicant, being duly sworn, before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ states that the facts set out in the above application are true.

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**My Commission Expires**