

Change of Managing Officer Form

City of Florissant

1. One (1) Picture of Managing Officer without hat (2" x 2").
2. One (1) Picture of Individual or Partners or Corporation Officers (2" x 2").
3. Voter Registration Certificate for Managing Officer (Managing Officer must be registered to vote in the State of Missouri).
4. Waiver for Police Background check signed by managing officer in front of a witness.
5. Emergency Contact Information form for the business.
6. Copy of Driver's License and Social Security Numbers.
7. Copy of the most recent Personal Property Tax Receipt for the Managing Officer.
8. Copy of Naturalized Citizenship Documentation including number and district (if applicable).
9. 2 Page application properly filled out and notarized.

IMPORTANT

By signing this application, you verify the following statement: Section 600.060(B) of the Florissant City Code "Neither the applicant nor any officer, director or shareholder of a corporate applicant shall have been convicted of a felony...The City Council also may request such additional information of an applicant as it may deem necessary for it to make a determination with respect to the issuance of a liquor license."

In order for the Police Department to provide you with the best possible service, it is necessary for them to have certain information concerning your business:

EMERGENCY CONTACT INFORMATION

PROPERTY OWNER _____ PHONE _____

ADDRESS _____

NAME OF BUSINESS _____ PHONE _____

ADDRESS _____

BUSINESS HOURS _____

OWNER/MANAGER _____ PHONE _____

HOME ADDRESS _____

PLEASE LIST PERSONS TO BE CONTACTED AFTER BUSINESS HOURS IN CASE OF AN EMERGENCY OR IF THERE IS A DOOR OR WINDOW FOUND INSECURE.

CONTACT #1 HAS KEY? YES NO

NAME _____ ADDRESS _____

CITY & STATE _____ PHONE _____

CONTACT #2 HAS KEY? YES NO

NAME _____ ADDRESS _____

CITY & STATE _____ PHONE _____

ARE THERE LIGHTS LEFT ON AFTER HOURS? YES NO

IS ANYONE AUTHORIZED TO BE ON THE PREMISES AFTER HOURS? YES NO

IF YES, WHO? _____

ARE ANY VEHICLES PARKED AT YOUR BUSINESS AFTER HOURS? YES NO

DESCRIBE: _____
(YEAR) (MAKE/MODEL) (COLOR) (LICENSE NO.)

DO YOU HAVE A SAFE OF ANY KIND? YES NO

WHERE IS IT LOCATED? _____

CAN IT BE SEEN FROM THE OUTSIDE? YES NO

IS YOUR BUSINESS PROTECTED WITH AN ALARM SYSTEM? YES NO

**IF AT ANY TIME THERE IS A CHANGE IN THE EMERGENCY INFORMATION, PLEASE NOTIFY THE
POLICE DEPARTMENT IMMEDIATELY, ESPECIALLY IN THE CASE OF THOSE PERSONS TO
NOTIFY IN CASE OF AN EMERGENCY. THANK YOU.**

CITY OF FLORISSANT



FLORISSANT, MISSOURI

WAIVER

Authorization to complete record check

I, _____, RESIDING AT IN THE

CITY OF _____

STATE OF _____.

I do hereby authorize the City Clerk of the City of Florissant, Missouri to make a full and complete check of my record in the Metropolitan St. Louis area, state of Missouri, all prior areas of residence, and through the National Criminal Information Center in Washington, D.C.

Witness

Signature

Date

Date of Birth

Social Security Number**

Driver's License No. & State

Social Security Number and Driver's License Numbers will be used for the purpose of identification in completing record check only.