CITY OF GLADSTONE, MISSOURI
APPLICATION FOR SUNDAY LICENSE

TYPE OR USE ONLY BLUE INK TO COMPLETE THIS APPLICATION

SELECT LICENSE TYPE: **ORIGINAL PACKAGE** ☐ **BY THE DRINK** ☐

LEGAL NAME OF ENTITY (LICENSEE) **EMAIL ADDRESS**

DOING BUSINESS AS

PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE

Street City State Zip

LIQUOR MANAGING OFFICER NAME, EMAIL **BUSINESS TELEPHONE NUMBER**

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) **CELL PHONE NUMBER**

Street City State Zip

The undersigned (individual) (partnership) (corporation) (limited liability company) hereby makes application to the Liquor Control Officer of the City of Gladstone, Missouri, for a license authorizing the sale of intoxicating liquor on Sundays, and for the purpose of inducing the Liquor Control Officer to issue it said license, makes the statements and answers herein set out. The undersigned agrees that if the license herein applied for is granted, and the licensee shall violate any law of the State of Missouri or particularly any provision of the City of Gladstone or any Rule or Regulation of the City of Gladstone or permit any other person to do so upon the licensed premises, the City of Gladstone may suspend, revoke, fine, place on probation or otherwise discipline such license.

Applicant further agrees that he/she will permit the City of Gladstone at all times to inspect the licensed premises and every part of the building and plot of ground under his control and upon which the licensed premises are located, and also any place where applicant may have intoxicating liquor stored.

STATE OF MISSOURI
COUNTY OF CLAY

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 thereon and the answers and statements contained therein and that the same are true.

_____

SIGNATURE OF MANAGING OFFICER **DATE**

_____

SIGNATURE OF PARTNER DATE **SIGNATURE OF PARTNER DATE**

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

My Commission Expires: _____ Signature: _____
Seal:

Printed: _____

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**

7010 North Holmes Gladstone, MO 64118 816-436-2200 www.gladstone.mo.us

CITY OF GLADSTONE, MISSOURI
CHECKLIST FOR SUNDAY LICENSE

1. Application for Sunday License signed and notarized.

2. Bank draft, Money order, Certified Check or Cashier's Check, personal check, cash, payable to the City of Gladstone, Missouri, for correct amount of license fee.

3. Statement of No Sales/Use Tax Due from Missouri Department of Revenue.

4. Corporations and LLC's must provide a copy of Certificate of Good Standing from the Missouri Secretary of State within the preceding 90 days. (*Information available at www.sos.mo.gov*)

5. Copy of State License.