



17 Boyd St De Soto, MO. 63020 | Phone: 636-586-3326 | Fax: 636-586-9201

Liquor License Application

Business Name (Including DBA: _____

License Display Location: _____

Mailing Address: _____

Phone: _____ MO Sales Tax ID: _____

Contact Name: _____

Email Address: _____

Monday through Friday License Categories

- | | |
|----------------|--|
| _____ \$450.00 | Sales of all kinds of intoxicating liquors or malt liquors for consumption on the premises where sold. |
| _____ \$300.00 | Sales of intoxicating liquors or malt liquors by a "restaurant bar" or on the premises of any establishment having at least forty (40) rooms for overnight accommodations of transient guests. (This fee is in addition to the license fee for intoxicating liquor or malt liquor sales on Monday through Saturday.) |
| _____ \$150.00 | Sale of liquor by a licensed liquor wholesale solicitor. |
| _____ \$150.00 | Sales of all kinds of intoxicating liquors or malt liquors in original package, not to be consumed on premises where sold. |
| _____ \$67.50 | Sales of malt liquors or light wines only by the drink for consumption on the premises where sold. |
| _____ \$250.00 | Manufacture of malt liquors by a microbrewery. (Fee in addition to the sum for any other license fee that is applicable to license holder.) |

- _____ \$200.00 Sale of intoxicating liquor by the drink for the consumption on the premises of a wine shop. (This fee is in addition to the sum of any other license fee that applies to this license.)
- _____ \$25.00 Wine tasting and malt beverage tasting on premises. (In addition to the sum of any other license fees that apply to license.)
- _____ \$67.50 Special license for the consumption of intoxicating liquor and/or beer on the premises.
- _____ \$37.50 Sale of malt liquor by a club or organization as defined in Section 600.100.
- _____ \$37.50 Manufacturing & distributing intoxicating liquor and malt liquor in the original package.

Add Sunday Liquor License

- _____ \$300.00 Sale on Sundays between the hours of 9:00 a.m. and midnight within the guidelines of the primary liquor license. (Sunday liquor licenses are an extension of your weekly liquor license.)

Applicant/Managing Officer

Full Name: _____ Phone: _____

Address: _____

Email: _____

Social Security: _____ Driver's License #: _____

Date of Birth: _____ Birthplace: _____

Previous addresses for the last 10 years:

Length of residence at current address: _____

Business Information:

If the business is a corporation, state the legal name of the corporation:

State the name and address of the corporation's registered agent:

Location of corporation's principal office:

Please enclose a copy of the Articles of Incorporation and a copy of the Incorporation Certificate.

Do you have an interest in any liquor license which is now in force? _____

If so, give details: _____

Have you previously held a liquor license of any type? _____

If so, give details: _____

Have you ever had a liquor license suspended or revoked? _____

If so, give details: _____

Have you ever made an application for a liquor license which was denied by the City of DeSoto, by the Missouri Division of Liquor Control or by the licensing authority of any state, county or city? _____

If so, give details: _____

Do you, a partner, officer, or any member of your household or immediate family hold a direct or indirect interest in any other license issued by the City which is now in force?

If so, list each licensee's name and location of premises:

Have you ever been arrested for a violation of any federal or state law? _____

If so, give details: _____

Have you ever been convicted of a municipal or county ordinance violation? _____

If so, give details: _____

Have you ever been convicted of any violation of a federal law, state statute or local ordinance relating to intoxicating liquors? _____

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

Name, address, phone number and date of birth of all corporate officers or partners:
(attach additional sheet if necessary)

Name	Address	Phone	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of all stockholders/owners, date of birth and number of shares owned by each:
(attach additional sheet if necessary)

Name	Address	Phone	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IT IS EXPRESSLY UNDERSTOOD AND AGREED BY ME THAT ANY LICENSE ISSUED HEREUNDER SHALL NOT BE EFFECTIVE UNTIL I SHALL HAVE APPLIED FOR AND BEEN GRANTED A LICENSE BY THE DEPARTMENT OF LIQUOR CONTROL OF THE STATE OF MISSOURI AND THE COUNTY OF JEFFERSON COUNTY, MISSOURI. IT IS ALSO EXPRESSLY UNDERSTOOD AND AGREED THAT THE LICENSE HERETOFORE GRANTED TO ME BY THE CITY COUNCIL MAY BE REVOKED BY SAID COUNCIL AT ANY TIME UPON SHOWING OF ANY VIOLATION BY ME, MY EMPLOYEES, OR ANYONE ON THE PREMISES OF MY BUSINESS OF ANY LAW OF THE STATE OF MISSOURI OR OF ANY REGULATION, ORDINANCE OR RULE OF THE CITY CONCERNING SAID BUSINESS OF SELLING INTOXICATING LIQUORS AND UPON REVOCATION THEREOF I SHALL NOT BE ENTITLED TO THE REFUND IN WHOLE OR IN PART OF THE FEE PAID FOR THE LICENSE.

I HEREBY AGREE TO PAY THE REQUIRED FEES TO THE CITY OF DESOTO.

Application must be sworn to before a Notary Public

STATE OF MISSOURI)

) SS.

COUNTY OF JEFFERSON)

MANAGING OFFICER (please print) _____, of lawful age, being first duly sworn upon his/her oath, deposes and says that he/she is the Managing Officer of the corporation or partnership seeking license hereunder and that he/she has read this application and fully understands same, and that the answers and statements contained therein are true.

Signature of Managing Officer

I hereby authorize any law enforcement agency, former employer, state agency, institution or private information bureau that any record or knowledge of my motor vehicle operation history or criminal history, to provide the City of DeSoto such information.

Signature of applicant: _____

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

Notary Public

My Commission Expires _____