CITY OF GLADSTONE, MISSOURI
CHECKLIST FOR PICNIC LICENSE-7 DAYS

The Application for a Picnic 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.

APPLICANT IS REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS FOR REVIEW:

( ) Completed picnic application form filled out in blue ink or typed and signed by the Managing Officer and notarized.

( ) Cashier's check, personal check, money order, cash, or credit card, payable to the City of Gladstone, is required. *Payment is due at the time of application.* (no payments over the phone or internet accepted).

( ) Copy of Missouri Retail Sales Tax license in the correct name of the organization and address where event will be held, or letter from the Missouri Director of Revenue exempting the organization from payment of sales tax.

( ) Current Statement of No Sales/Use Tax Due from the Missouri Department of Revenue dated within the preceding 90 days. (Information is available at www.dor.mo.gov or call 573-751-9268.)

( ) Copy of the Managing Officer's Paid Personal Property or Real Estate Tax Receipt for the year immediately preceding the date of application.

( ) Copy of the managing officer's Voters Registration Card, Letter, or Certificate.

( ) Letter from the property owner giving permission for the organization to sell Retail Liquor By the Drink at the said location during the date of the application.

( ) Completed Managing Officer Appointment Form giving the managing officer permission to obtain a picnic license in the organization's name for the day or days the event will be held.

( ) Copy of city letter of approval (if located in an incorporated area) or city license.

You must submit the exact amount of payment of the number of days of the event.
We cannot accept any overpayment and therefore if the amount is not correct your application will be returned for compliance and this will delay processing.

In addition to the foregoing requirements, applicants applying for Retail Liquor By the Drink (picnic) licenses are required by law to notify the Director of Revenue at the Truman State Office Building, Room 330, 301 West High Street, Jefferson City, Missouri, 65101 of the holding of the event by certified mail, accepting responsibility for the collection and payment of any applicable sales tax.

The hours of sale for this type of license will be: LIQUOR, BEER, AND WINE may be sold between the hours of 6:00 am and 1:30 am on weekdays and on Sunday beginning at 11:00 am until 12 midnight.

NOTE: All servers at each catered event must possess a current *Server's Permit issued by the City of Gladstone.*

PLEASE ALLOW 10 TO 21 DAYS FOR PROCESSING

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

CITY OF GLADSTONE, MISSOURI
APPLICATION FOR PICNIC LICENSE

TYPE OR USE ONLY BLUE INK TO COMPLETE THIS APPLICATION

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

_____

DOING BUSINESS AS

_____

PHYSICAL LOCATION ADDRESS

_____

Street Address City State Zip

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

_____

Street Address City State Zip

MISSOURI RETAIL SALES TAX NUMBER OR EFFECTIVE DATES OF MISSOURI RETAIL SALES TAX EXEMPTION LETTER _____

LEGAL NAME OF CHURCH, SCHOOL, CIVIC, SERVICE, FRATERNAL, VETERAN, POLITICAL, OR CHARITABLE CLUB OR ORGANIZATION _____

LOCATION OF PRINCIPAL OFFICE _____

Street Address City State Zip

SPECIFY THE BASIS OF THE ORGANIZATION'S RIGHT TO OCCUPY PREMISES FOR WHICH IT SEEKS A PICNIC LICENSE (OWN, LEASE, RENTAL AGREEMENT-STATE TERMS OF AGREEMENT)

_____

_____

DATE AND TIME OF EVENT(S) _____

_____

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE MANAGING OFFICER OF THE ORGANIZATION

LIQUOR MANAGING OFFICER NAME **CELL/BUSINESS TELEPHONE NUMBER**

_____

Last First Middle Initial

M F

Date of Birth | Place of Birth | SSN | Sex

Home Phone | Email Address | Street Address | City | Zip

IS THE MANAGING OFFICER A NATURALIZED CITIZEN Y N

IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP _____

CITY, TOWN OR VILLAGE WHERE THE MANAGING OFFICER PAYS TAXES

MANAGING OFFICER IS REGISTERED TO VOTE IN THE FOLLOWING:

PRECINCT _____ **CITY** _____ **WARD** _____ **COUNTY** _____

Has the organization, the managing officer, any officer or director, or any person with a direct or indirect financial interest in the organization 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 laws?

Y N

Has the organization, the managing officer, any officer or director, or any person with a direct or indirect financial interest in the organization ever had a license revoked or suspended by the Supervisor of Alcohol and Tobacco Control or by the licensing authority of any other state, county or city? Y N

Does the organization, any officer or director, or the managing officer have any direct or indirect financial interest in any brewery, winery, distillery, rectifying or blending plant, or gasohol facility, or wholesale liquor or beer concern, either as part owner, shareholder, agent, employee or otherwise?

Y N

Will any distiller, wholesaler, winemaker or brewer, or any employee, officer, or agent thereof, directly or indirectly, loan, give away, or furnish equipment, money, credit, or property of any kind to the organization, except ordinary commercial credit for liquor sold to the organization and accept such articles and services, if any, as are permitted by Section 311.070, RSMo, or the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, or any who has done so? Y N

Is this application made by the organization as a subterfuge to permit any person or entity other than the organization to secure a license from the Liquor Control Officer in the organizations name, for his/its benefit?

Y N

IF YOU ANSWERED YES TO ANY QUESTION ABOVE, EXPLAIN THE ANSWER IN DETAIL ON ADDITIONAL SHEETS

YOU ARE REQUIRED TO REPORT ANY CHANGE OF FACT CONTAINED HEREIN WITHIN TEN DAYS

The organization understands that false answers are grounds for denial of a license. The organization 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 organization acknowledges that any license granted by the City of Gladstone will be subject to the provisions of the City of Gladstone's Liquor Ordinances 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 organization agrees to allow inspections made in accordance with the City of Gladstone's Liquor Ordinance, 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 organization 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 institution(s), and any financial documents related to the business.

The organization authorizes the City of Gladstone or his duly appointed agents to conduct a criminal record check of the managing officer and of all the organization's officers and directors.

I, _____, do swear that the information given in this application is true and correct to the best of my knowledge and belief. I understand that all provisions of the State of Missouri Liquor Control and Ordinances of the City of Gladstone shall extend to such premises and shall be in force and enforceable during the time the licensee or its agent, servant, employees or stock are on such premises.

SIGNATURE OF MANAGING OFFICER **DATE**

NOTARY INFORMATION-MANAGING OFFICER

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)

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

PLEASE POST THIS SIGNED PICNIC LICENSE ALONG WITH A COPY OF THE STATE AND CITY LIQUOR LICENSE AT THE EVENT.