

CITY OF GLADSTONE, MISSOURI

APPLICATION FOR MANAGING OFFICER

TYPE OR USE ONLY BLUE INK TO COMPLETE THIS APPLICATION

CURRENT LICENSE NUMBER _____

BUSINESS STRUCTURE

CORPORATION () LIMITED PARTNERSHIP () LIMITED LIABILITY COMPANY ()

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

MISSOURI RETAIL SALES TAX NUMBER _____

IF APPLYING AS A CORPORATION, LLC OR LIMITED PARTNERSHIP, STATE MISSOURI SECRETARY OF STATE FILE NUMBER _____

PLACE OF INCORPORATION _____

City

State

DATE OF INCORPORATION _____

INFORMATION FOR NEW MANAGING OFFICER

Last Name

First Name

Middle Initial

() M () F

Date of Birth

Place of Birth

Social Security Number

Sex

Street Address

City

State

Zip

Home Phone

Email Address

of shares owned/% of Membership Interest

IS MANAGING OFFICER APPLICANT A NATURALIZED CITIZEN: () Yes () No

If yes list the date and court which admitted you to Citizenship _____

^City, Town or Village where the Managing Officer Applicant pays taxes^

MANAGING OFFICER APPLICANT IS REGISTERED TO VOTE IN THE FOLLOWING:

Precinct _____ City _____ Ward _____ County _____

List address for the previous ten years (City, State, Zip, dates lived there)

Managing Officer applicant states that he/she is a person in the licensee's employ, either as an officer or as an employee who is vested with the general control and superintendence of a whole, or a particular part of, the licensee's business, as required. The Managing Officer applicant understands that false answers are grounds for denial of a license. The Managing Officer applicant understands that if any statements or answers made herein are untrue and the licensee herein applied for is granted, such license may be revoked, suspended, fined, placed on probation or otherwise disciplined by the City of Gladstone. Applicant represents that the answers and information provided on applicant's initial long form application are still true and correct as of the date below and that there has been no change to those answers and information, including in particular but without limitation answers and information relating to criminal charges or convictions and ownership or management of the business, except for any changes the notice of which has already been filed with the City of Gladstone, or is being filed with this application. Applicant acknowledges that the license will be subject to the current provisions of the City of Gladstone Codification, and the failure to conform thereto will subject this license to fine, suspension, revocation, probation, or other discipline by the City of Gladstone. Applicant further agrees that he/she will permit the City of Gladstone or its agents to inspect at any time the licensed premises and every part of the building and plot of ground under his/her control and upon which the licensed premises are located, and also any place where applicant may have intoxicating liquor stored. The inspection and copying of business records will be permitted in accordance with the laws and regulations and the agreement contained in the original long form application. The applicant authorizes the City of Gladstone or its duly appointed agents to conduct a criminal record check of the owner, all partners, the managing officer, all officers, and stockholders or members owning ten percent or more stock or interest in the applying entity.

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

Signature of Managing Officer

Date

NOTARY INFORMATION

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)

Based on the information contained herein, the Liquor Authority hereby recommends that this application be approved and the change in Managing Officer issued.

LIQUOR CONTROL OFFICER

DATE

FOLLOWING ITEMS MUST BE SUBMITTED WITH APPLICATION

- Copy of Managing Officer's personal property or real estate tax receipt
- Copy of Managing Officer's voters registration card or certificate
- Proof of a Background Check from www.machs.mo.gov