CITY OF GLADSTONE, MISSOURI
APPLICATION FOR DEPUTY 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 DEPUTY 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 DEPUTY 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 DEPUTY 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 Deputy Managing Officer Applicant pays taxes^

DEPUTY 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)

_____

_____

_____

_____

_____

_____

Deputy 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 Deputy Managing Officer applicant understands that false answers are grounds for denial of a license. The Deputy 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 Deputy 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 Deputy 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 Deputy Managing Officer issued.

LIQUOR CONTROL OFFICER **DATE**

FOLLOWING ITEMS MUST BE SUBMITTED WITH APPLICATION

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