



205 Summit • Richmond, Missouri 64085

(816) 776-5304 • KC Line (816) 470-3540

Fax (816) 776-8216

Application For License To Sell Alcoholic Beverages

NOTE: *If applicant is a firm, partnership or association, all names and addresses of each member of the firm, partnership or association must be listed. If the applicant is a corporation, all names and addresses of officers, board of directors and stockholders of the corporation must be listed.*

Applicant's Name _____

Applicant's Address _____

Name of Establishment _____

Address _____

Phone _____

Value of goods other than intoxicating liquor and how value was determined:

I/We, the undersigned, hereby apply for a license to sell alcoholic beverages within the City of Richmond, Missouri.

I/We hereby certify that I/we have not been convicted of any felony since the abolition of the Eighteenth Amendment of the Constitution.

I/We hereby request the type of license(s) checked on the attached pages.

Signed:

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

(SEAL)

Kim Williamson, City Clerk of Richmond