

**CITY OF ARNOLD
2101 JEFFCO BOULEVARD
ARNOLD, MO 63010**

**INSTRUCTIONS FOR COMPLETING APPLICATIONS
FOR INTOXICATING LIQUOR LICENSES**

The Liquor Control Committee of the City of Arnold will consider only those applications for licenses on which all questions have been answered and those to which all relevant documents are attached. To assure that your application will be considered, answer all questions completely. **Any material change in the information set down on this application must be promptly reported to the City Clerk.**

Where you are asked for a person's name, be sure to include the middle initial.

Financial interest means all interest, legal or beneficial, direct or indirect, in the capital devoted to the business to be licensed and all such interest in the net profits of the business (after the payment of reasonable and necessary operating and business expenses and taxes), except by way of ordinary commercial credit not in excess of credit customarily granted by banking institutions, whether paid as dividends, interest or profits, or in the guise of royalties, commissions, salaries or any other form.

Ownership of not more than one percent of the outstanding shares of stock of a corporation whose stock is traded on the New York Stock Exchange, American Stock Exchange, or other recognized national stock exchange does not constitute a financial interest in such corporation or a subsidiary thereof.

**OFFICE USE
ONLY**

Attach the following documents:

- _____ Recent picture showing entire front of the premises
- _____ Recent picture of applicant
- _____ Certificate of voter registration
- _____ Personal property tax or real estate tax receipt
- _____ Business license in name of applicant
- _____ Missouri sales tax number, if applying for license to sell at retail
- _____ If a corporation, certificate of incorporation
- _____ If a corporation, articles of incorporation
- _____ If a corporation, resolution appointing managing officer
- _____ If a partnership, partnership agreement
- _____ If a club, charter
- _____ If leasing or renting, lease or rent agreement
- _____ Fingerprints (may be obtained at Arnold Police Department)
- _____ Current criminal record check from MO State Hwy Patrol

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APPLICATION FOR LICENSE TO SELL INTOXICATING LIQUOR

- | | |
|---|------------------|
| <input type="checkbox"/> Retail liquor by the drink license
(including original package sales) | [Fee: \$450.00] |
| <input type="checkbox"/> Sunday by drink license
(including original package sales) | [Fee: \$300.00] |
| <input type="checkbox"/> Original package license
(not including Sunday sales) | [Fee: \$150.00] |
| <input type="checkbox"/> Original package license
(Sunday sales) | [Fee: \$300.00] |
| <input type="checkbox"/> Consumption of intoxicating liquor on premises license | [Fee: \$300.00] |
| <input type="checkbox"/> Picnic license (per event) | [Fee: \$25.00] |
| <input type="checkbox"/> Wine and malt beverage tasting permit (per year) | [Fee: \$25.00] |

Owner _____

d/b/a _____

Business Address _____

Business Phone _____

Email Address _____

Sole Owner Partnership Corporation Group other than InCorp.

Managing Officer Information: **PLEASE FILL OUT COMPLETELY**

Name _____

Home Address _____

Phone _____

SS# _____

Date of Birth _____

• If partnership, each partner must submit a separate application

Native born citizen Naturalized citizen If naturalized citizen:

Date of admission to citizenship: _____

Court: _____

To what county do you pay taxes? _____

Where are you registered to vote? State _____

County _____ Township _____ Precinct _____

Do you own rent lease the premises? If you rent or lease:

Name of landlord _____

Address of landlord _____

Does your landlord have any financial interest in this business?

yes no

If yes, specify _____

If business was purchased within the past six months:

Name of former owner _____

Address of former owner _____

Amount _____ Terms _____

Does the former owner have any financial interest in this business?

yes no

If yes, specify _____

Distance in feet measured in a straight line from the building in which this business is located to the nearest school or church:

Distance in feet measured in a straight line from the building in which this business is located to the nearest building (other than a church) regularly used as a place of education or worship:

Describe, in detail, the areas on your premises where liquor will be served _____

Outside _____

FINANCIAL INTEREST

The following persons, firms and corporations hold mortgages or encumbrances against this business:

NAME	ADDRESS	DOB*
_____	_____	_____
_____	_____	_____

The following persons, firms and corporations have advanced or will advance money to me for the purchase or operation of this business:

NAME	ADDRESS	DOB*
_____	_____	_____
_____	_____	_____

The following persons, firms and corporations (not listed above) have or will have financial interest in this business:

NAME	ADDRESS	DOB*
_____	_____	_____
_____	_____	_____

If a corporation, list all stockholders and number of shares owned by each, excluding those holding not more than one percent of the outstanding shares of stock of a corporation whose stock is traded on a recognized national stock exchange.

NAME	ADDRESS	DOB*	SHARES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If individual, enter date of birth.

OTHER LICENSES

Have you or anyone in your immediate family or household held a liquor license or nonintoxicating beer license in Missouri in the past five years? yes no If yes, specify.

NAME _____ ADDRESS _____ DOB* _____

BUSINESS NAME _____ ADDRESS _____

NAME _____ ADDRESS _____ DOB* _____

BUSINESS NAME _____ ADDRESS _____

Have you or anyone in your immediate family or household had a liquor license or nonintoxicating beer license revoked? yes no If yes, specify.

NAME _____ ADDRESS _____ DOB* _____

BUSINESS NAME _____ ADDRESS _____

NAME _____ ADDRESS _____ DOB* _____

BUSINESS NAME _____ ADDRESS _____

Do you or anyone in your immediate family or household have any financial interest in any other business now holding a liquor license in Missouri? yes no If yes, specify.

NAME _____ ADDRESS _____ DOB* _____

BUSINESS NAME _____ ADDRESS _____

NAME _____ ADDRESS _____ DOB* _____

BUSINESS NAME _____ ADDRESS _____

EMPLOYMENT

Have you ever been employed by any person, firm or corporation that has had a liquor license revoked within the State of Missouri? yes no If yes, specify.

EMPLOYER _____ ADDRESS _____

EMPLOYER _____ ADDRESS _____

*Enter date of birth.

CRIMINAL HISTORY

Have you or anyone in your immediate family or household ever been convicted of the violation of any law of the federal government or any statute of any state concerning intoxicating liquor?

[] yes [] no If yes, specify.

NAME _____ ADDRESS _____ DOB* _____

CONVICTED OF	DATE	JURISDICTION	SENTENCE/FINE
_____	_____	_____	_____
_____	_____	_____	_____

NAME _____ ADDRESS _____ DOB* _____

CONVICTED OF	DATE	JURISDICTION	SENTENCE/FINE
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of the violation of any ordinance of any city or county relating to intoxicating liquor, gambling, immorality, peace disturbance or fighting?

[] yes [] no If yes, specify.

CONVICTED OF	DATE	JURISDICTION	SENTENCE/FINE
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of the violation of any laws of the federal government, statutes of any state, or ordinances of any county or the City of Arnold not listed above?

[] yes [] no If yes, specify.

CONVICTED OF	DATE	JURISDICTION	SENTENCE/FINE
_____	_____	_____	_____
_____	_____	_____	_____

*Enter date of birth.

EMPLOYEES

Do you now employ, or will you employ, in this business any person who is a felon?

[] yes [] no If yes, specify.

NAME _____ ADDRESS _____ DOB* _____

CONVICTED OF	DATE	JURISDICTION	SENTENCE/FINE
_____	_____	_____	_____
_____	_____	_____	_____

NAME _____ ADDRESS _____ DOB* _____

CONVICTED OF	DATE	JURISDICTION	SENTENCE/FINE
_____	_____	_____	_____
_____	_____	_____	_____

Do you now employ, or will you employ, in this business any person who has, at any time, had a liquor license revoked?

[] yes [] no If yes, specify.

NAME _____ ADDRESS _____ DOB* _____

BUSINESS NAME _____ ADDRESS _____

NAME _____ ADDRESS _____ DOB* _____

BUSINESS NAME _____ ADDRESS _____

Following is a list of all persons who are now employed, or will be employed in this business:

NAME _____ DOB* _____

ADDRESS _____ CITY / STATE _____

NAME _____ DOB* _____

ADDRESS _____ CITY / STATE _____

NAME _____ DOB* _____

ADDRESS _____ CITY / STATE _____

*Enter date of birth.

NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____
NAME _____	DOB* _____
ADDRESS _____	CITY / STATE _____

*Enter date of birth.

I hereby affirm that all information set down on this application is true and complete to the best of my knowledge. I further affirm that this application is not submitted as a subterfuge to permit any other person to secure a license to sell intoxicating liquor in the City of Arnold in my name for his/her benefit.

I understand that any misstatement of material facts herein is cause for suspension or revocation of any license issued pursuant to this application and that any material change in the information set down on this application must be reported promptly to the city clerk of the City of Arnold.

I hereby authorize the City of Arnold to investigate my character and any statements made in this application.

Individual, Partner, Managing Officer

STATE OF MISSOURI)
) SS.
COUNTY OF JEFFERSON)

_____, of lawful age, first being duly sworn upon his/her oath, disposes and says that he/she has read this application and the instructions with reference thereto and that he/she fully understands the same; that he/she knows the contents contained herein and that the same are true.

Individual, Partner, Managing Officer

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

Notary Public

My commission expires _____.