



Warrenton
Moving Forward

City of Warrenton
200 West Booneslick
Warrenton, MO 63383
Phone: 636-456-3535
www.warrenton-mo.org

Filing Date: _____

Rec'd by: _____

Liquor License Application

**** Upon completion of the application and required documentation, applications are presented at the next regular or special Board of Aldermen meeting. Approval is by a majority of the members present****

		Base Fee	Sunday Sales	Total Fee
<input type="checkbox"/> Original Package Liquor	Malt Liquor only	\$75.00	Included	\$
	Malt Liquor/Wine Tasting	\$37.50	Included	\$
	Intoxicating Liquor	\$150.00	\$300.00	\$
<input type="checkbox"/> Liquor by the drink	Malt Liquor only	\$75.00	Included	\$
	Malt Liquor/Wine	\$75.00	\$300.00	\$
	Intoxicating Liquor	\$450.00	\$300.00	\$
	Restaurant/Bar	\$300.00	\$300.00	\$
<input type="checkbox"/> Liquor by the Drink (exempt) (Non profit club on premises)	Intoxicating Liquor	\$450.00	\$300.00	\$
<input type="checkbox"/> Temp Liquor by the drink (Caterer)	Malt Liquor only	\$15.00 per day	Included	\$
	Malt Liquor/Wine	\$15.00 per day	Included	\$
	Intoxicating Liquor	\$15.00 per day	Included	\$
<input type="checkbox"/> Temp Liquor by the drink (Picnic) (Club or organization for special events)	Malt Liquor only	\$37.50	Included	\$
	Malt Liquor/Wine	\$37.50	Included	\$
	Intoxicating Liquor	\$37.50	Included	\$
<input type="checkbox"/> Missouri Wine by the drink		\$450.00	Included	\$
<input type="checkbox"/> Consumption of Intoxicating Liquor		\$90.00	Not Available	\$
<input type="checkbox"/> 5% Wholesale Liquor Solicitor		\$150.00	Not Available	\$
	Investigation Fee			\$15.55
	Total Due			\$

Name of Applicant/Managing Officer: _____

Home Address: _____
Street City/State Zip

Home Phone: _____ Date of Birth: _____

Social Security #: _____ Drivers License #: _____
(SSN used for purpose of background check)

Personal Property Taxes Year 20 Paid? ☐ Yes ☐ No
(most recent paid personal property tax receipt required)

Registered Voter? ☐ Yes ☐ No Missouri State Tax ID #: _____
(Attach No Tax Due Certificate)

Legal Name of Business: _____

☐ Individual ☐ Partnership ☐ Corporation

If corporation, application shall state the full name and address of each officer, shareholder, or director. If partnership, application shall state the full name and address of each partner. * **List on last page of application***

DBA: _____

Location Address: _____ Phone #: _____

Business Owner's Name: _____ Phone #: _____

Address of Owner _____ Email: _____

To be completed by Applicant/Managing Officer

Citizen of U.S.A.? ☐ Yes ☐ No If not naturalized, provide # _____ Dist. _____

Have you ever been arrested? _____ What Charge? _____

If yes, where arrested? _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you previously held a liquor license of any type? ☐ Yes ☐ No

If yes, when? _____ Where? _____

Have you, or any employee, ever had a liquor license suspended or revoked? ☐ Yes ☐ No

If yes, please explain: _____

Have you or any employee ever been convicted of any violation of a federal law, state statute or local ordinance relating to intoxicating liquor? ☐ Yes ☐ No

If yes, provide details: _____

Has this location previously been occupied as a liquor establishment, liquor store, or tavern?

☐ Yes ☐ No If yes, name(s): _____

Is this location within 100 feet of property used for church, school, or public playground? ☐ Yes ☐ No

Type of alcohol to be served: (i.e. beer, hard liquor, wine, etc.) _____

Dates/Times that alcohol will be served: _____

The undersigned, hereby makes application for a liquor license inside the City of Warrenton, Warren County, Missouri such sales to be made on the premises described above. I have read this application and fully understand that said license will be subject to all of the ordinances of the City pertaining to the operation of said business and agree that I will abide by all lawful ordinances, regulation, and rules adopted by the City relating to the conduct of said business, that I am in all respects qualified in law to receive such license, and that the answers and statements set out in the above application are true. It is understood and agreed that the license when and if issued shall be subject to revocation for cause by the Board of Alderman and when or if it is lawfully revoked the City shall in no event return any part of the license fee paid for such license and such license free shall be forfeited to the City. The City may contact the undersigned for important business related information.

Signature of Applicant: _____

Signature of Owner: _____

(Please note: a liquor license is also required from Warren County and the State of Missouri)

_____ (Applicant), being duly sworn before me this _____ day of

_____, 20_____ states the facts set out in the above application are true.

Notary Public

My commission expires _____

COPIES TO BE INCLUDED WITH APPLICATION:

- | | |
|--|--|
| <input type="checkbox"/> Naturalized Citizen (If not US citizen) | <input type="checkbox"/> Missouri No Tax Due Certificate |
| <input type="checkbox"/> Missouri State Tax ID Form | <input type="checkbox"/> MO Fictitious name registration (If DBA) |
| <input type="checkbox"/> Voter's Registration Card | <input type="checkbox"/> MO Limited Liability (If LLC) |
| <input type="checkbox"/> Two photographs of applicant, one of establishment | <input type="checkbox"/> Copy of Personal Property Tax Receipt
(If managing officer lives in Warren County) |
| <input type="checkbox"/> Background Authorization Form | <input type="checkbox"/> Copy of Personal Property Tax Receipt
(For establishment located in Warren County) |
| <input type="checkbox"/> If Corporation, full name & address of each officer, shareholder, or director and background authorization for each | <input type="checkbox"/> Copy of sale contract, option of sale, or lease agreement/option covering the property for which the license is requested |
| <input type="checkbox"/> If Partnership, full name and address of each partner and background authorization for each partner | |

List of all officers, shareholders, and directors if the applicant is a corporation OR list of partners if applicant is a partnership.

Full Name

Title

Address, City, State, Zip

[illegible]**CITY USE ONLY**

Liquor License Application of: _____

- ☐ Background(s) completed
- ☐ Verify distance to church, school, public playground by: _____
- ☐ Approved by Chief of Police
- ☐ BOA meeting date: _____