



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

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
Original Package Liquor	Malt Liquor only	\$75.00	Included	\$
	Malt Liquor/Wine Tasting	\$37.50	Included	\$
	Intoxicating Liquor	\$150.00	\$300.00	\$
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	\$
Liquor by the Drink (exempt) (Non profit club on premises)	Intoxicating Liquor	\$450.00	\$300.00	\$
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	\$
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	\$
Missouri Wine by the drink		\$450.00	Included	\$
Consumption of Intoxicating Liquor		\$90.00	Not Available	\$
5% Wholesale Liquor Solicitor		\$150.00	Not Available	\$

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: _____ (Mo Fictitious name registration required)

Location Address: _____ Phone #: _____

Business Owner's Name: _____

Address of Owner (If different than applicant): _____

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 fee shall be forfeited to the City.

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 | |

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: _____