



For City use only
10.20.3053 Fee Received \$ _____ Date _____

**CITY OF SMITHVILLE, MISSOURI
LIQUOR LICENSE APPLICATION**

(Licensee name as it appears on State liquor license application)

_____. (DBA
name as it appears on State liquor license application)

Address of Premises to be licensed _____

Is premises address within 100ft of a church? Yes No

I, the undersigned, hereby make application for license for (please check all applicable categories):

- Malt Liquor - original package.....\$75.00 _____
 - Malt Liquor – by the drink.....\$75.00 _____
 - Malt Liquor and Light Wines – by the drink.....\$75.00 _____
 - Intoxicating Liquor – original package.....\$150.00 _____
 - Intoxicating Liquor - by the drink.....\$450.00 _____
 - Sunday Sales.....\$300.00 _____
 - Tasting Permit\$37.50 _____
 - Temporary Permit (Special Event) by the drink.....\$37.50 _____
- TOTAL _____

Under the terms and provisions of Chapter 600 of the Code of the City of Smithville relating to the manufacture and sale of intoxicating liquor in the City of Smithville, Missouri, to be issued in the name of the above described premises.

I further state that I will be the managing officer of the business as such is proposed to be licensed; that I hereby accept and agree to the terms and provisions of said Chapter 3 and to the Statutes of the State of Missouri (as amended), and of the United States, in regard to the manufacture and sale of intoxicating liquor; that I possess the qualifications required by the terms of said Chapter 3 and the Statutes of the State of Missouri (as amended) for applicants for such license, and that the business so desired to be authorized by such license shall be carried on exclusively in and at the above described premises in the City of Smithville, Clay County, Missouri:

Managing Officer: _____

Address _____

City/ State/ Zip _____

Phone number _____

LIQUOR LICENSE CORRESPONDENCE MAILING ADDRESS:

ADDRESS: _____

CITY/STATE/ZIP: _____

Dated this _____ day of _____ 20____.

Signature of Managing Officer (Applicant)

Print name and title of applicant



MANAGING OFFICER BACKGROUND CHECK
APPLICATION SMITHVILLE, MISSOURI

Instructions: Print legibly. A background investigation will be conducted, and you may have to allow time for an accurate investigation to be completed.

Name: First Middle Last

Address: Apt# City, State, & Zip: Phone:

Maiden Name: Other Name Used:

Date of Birth: Age: Place of Birth:

Race: Sex: Height: Weight: Hair: Eyes:

Social Security Number Driver's License Number

Emergency Contact Relationship

Address Phone

List past addresses for the last five (5) years, with number (1) the most recent:

1: 3:

2: 4:

Previous Employer: (Name of Business) (Address) Phone

Business requesting the liquor license: (Name of Business) Opening Date:

Have you had a liquor license in Smithville? Yes No When? Employer?

Have you been convicted of a crime that was classified as a felony when the charge was drug or alcohol related within two years of the application date? Yes No,

Have you been convicted of a crime that was classified as a misdemeanor when the charge was drug or alcohol related within two years of the application date? Yes No,

If you answered yes to the question about felony or misdemeanor convictions, complete the following:

Date of Conviction City/County/State where convicted Charge

Date of Conviction City/County/State where convicted Charge

I certify that the answers given by me to the questions and statements on this application are true and correct without consequential omissions of any kind whatsoever. I agree that the City of Smithville shall not be liable in any respect if my license is terminated or disapproved because of falsity of statement, answers, or omissions made by me in this application.

Date Signature of Applicant