Application for License to Manufacture or Wholesale or Retail or Permit Consumption of Alcoholic Beverages City of Columbia, Missouri

PICNIC LICENSE \$15.00

Investigation Fee \$13.50

Da	Date of Event, 2	_, 20					
I hereby make application to manufacture, wholesale, retail, or permit consumption of intoxicating liquor in the City of Columbia, Missouri, as indicated on the following schedule:							
A.	A. Personal application of owner, co-owner, manager or agent						
1.	1. Name Sex						
	2. Present address						
	3. How long at above address? How long in Columbia?						
	Residence address for previous five years						
4.	4. Date of birth Place of birth	 _					
5.	5. Are you a citizen of the United States of America?						
	If naturalized citizen, give country of birth						
	date and number of naturalization papers date						
6.	6. Wife or husband's name						
7.	7. Have you ever been arrested for any reason? If yes, give date, city or town in which arre	ested,					
	and final disposition of case						
8.	8. Have you ever been convicted of a felony?						
9.	9. Are you a resident, tax paying citizen of Columbia, Missouri?						
10	10. Name and business address of your employers for five years prior to date of this application.						
11.	11. Have you been the holder of a license to manufacture or sell intoxicating liquor or beer which has revoked or suspended? If yes, give details.						
12	12. Have you in your employ any person ever convicted of a felony?						
	13. Have you in your employ any person who has been the holder of a license to manufacture or sell						
	intoxicating liquor or beer which has been revoked?If so, give details						
14.	14. Have you been convicted of a violation of the provisions of any law in any state applicable to the manufacture or sale of intoxicating or non-intoxicating liquor? If so, give details						

В.	Location of Premises:
1.	Trade name of premises for which license is sought.
2.	Location of premises Telephone No
3.	In what zoning district are premises located?
C.	Premises for which license is sought:
1.	Are the premises occupied in whole or in part as a dwelling?
2.	Are entire premises so arranged that all parts where customers are served are open to public view?
3.	Are premises occupied and operated mainly as a drug store, a cigar and tobacco store, a grocery store,
	a general merchandise store, a confectionery and/or delicatessen?
4.	Do you have a stock of merchandise amounting to \$1,000 or more, exclusive of fixtures and intoxicating
	liquor?
5.	Dimensions of room or rooms in which intoxicating liquors will be served.
6.	Seating capacity of such rooms
7.	If application is for liquor by the drink, do you have furniture and equipment within the premises to be
	licensed of a book value of \$5,000 or more?
8.	Are premises within 100 feet of any school, church, or other building regularly used as a place of religious
	worship?
	Partnership or LLC
D.	If application is on behalf of a partnership or limited liability company, complete the following:
1.	Name of company
2.	Date of formation of LLC and state in which formed.
3.	Names, addresses, date and place of birth of all other partners, whether general or limited.
4.	Does any other person have any financial interest in the company? If so, state name, address and
	nature of interest.
5.	Are all members of the company persons who would be eligible for a license as individuals under provisions
	of City ordinances?
6.	Has company, or any members thereof, been the holder of a wholesale or retail license to manufacture or
	sell intoxicating liquor or beer which has been revoked or suspended? If so, give details
7.	Attach sheets giving same information regarding each partner as is required of individuals in questions

A. 1 thru14 above.

Corporation

E. If appli	cation is on behalf of a corpo			
1. Name o	of Corporation			
2. Date of	incorporation	State of incorporati	ion	
B. Amount of paid in capital \$ Amount of authorized capital \$				
 Names and addresses of all officers and directors of such corporation, including name and address resident local manager. 				
name		address	position	
name		address	position	
name		address	position	
	-			
name 5. Names a number c	nd addresses of all stockholders f shares held by each.	address s of corporation owning 10% or r	position more of the capital stock, including	
i. Names a	or snares neid by each.		·	
i. Names a number o	or snares neid by each.	s of corporation owning 10% or r	more of the capital stock, including	
i. Names a number o	or snares neid by each.	s of corporation owning 10% or range	more of the capital stock, including number of shares	
i. Names a number o ame	or snares neid by each.	address	number of shares	
ame	pration been the holder of a licer	address address address address	number of shares number of shares number of shares	

ss.) County of Boone)						
F. I,						
	Licensee					
Subscribed and sworn to before me, this	_, day of	, 20				
My commission will expire						
	Notary Public					
Approved by Police Dept	Chief of Police					
Approved by Health Dept	Health					
Approved by Fire Dept	Chief					
Approved by Public Works	Director					
I approve (deny) the application for liquor license						
Business Services Administrator						
Action of Liquor License Review Board						
Upon appeal of the denial by the Business Services Admin (denies) the application:	istrator, the Liquor License Review Bo	oard (approves)				
Date						
Date						
Date						

State of Missouri)