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**Checklist of Required Documentation
 New Retail Liquor License Application**
Allow 3 to 4 weeks to process new license applications

	Business license application & cigarette permit application (if applicable) for location.
	Applicant’s personal/business wastewater paid receipts.
	Applicant’s current paid real & personal property tax receipts as of December 31, of the applicable year from the City of Warrensburg, Johnson County, Missouri, or if not applicable, in any other town, village, city or county within the State of Missouri.
	Property owner’s current paid real & personal property tax receipts as of December 31, of the applicable year pertaining to the business location.
	Copy of Missouri Retail Sales Tax license in the name of the person, persons, or entity applying for the liquor license, with the correct address of the business.
	Certificate of “no sales tax due” verifying that all state & local sales taxes are paid to date. <i>(not more than 90 days old)</i> Missouri Department of Revenue, Phone: 573-751-3505, Web: http://dor.mo.gov/
	Missouri “certificate of good standing” for all corporations. <i>(not more than 90 days old)</i> Missouri Secretary of State, Phone: 573-751-4153, Web: www.sos.mo.gov
	Applicant’s proof of voter registration within the State of Missouri.
	Completed Managing Officer Appointment form (if applicable).
	FBI Fingerprint based criminal records check. Code will be provided for submission to Missouri State Highway Patrol , Phone: 573-526-6153, Web http://www.machs.mo.gov
	Breakdown of food & beverage sales for liquor by the drink applications. <i>90 day temporary license is required for new applications with no food sales history.</i>
	No age restriction supplement.
	Manager/Server training documentation for Salon/Tavern applications. SMART Server Training link http://wellness.missouri.edu/SMART/
	Dance hall license application (additional approval required)
	Completed applications, notarized affidavit & applicable fees. (payable to City of Warrensburg)
	Scheduled inspection time for Fire & Building Inspection. (re-inspection fees may apply)

*All required information listed above must be submitted with application.
 License will be issued upon approval of City application, building/fire inspection
 and approved State liquor license documentation.*

BUSINESS MUST NOT SELL ALCOHOL UNTIL BOTH STATE & CITY LICENSES ARE OBTAINED

Applicants must also apply for a State & County Liquor License
 County Clerk, Phone: 660-747-6161, Web: <http://www.iococourthouse.com/>
 Missouri Liquor Control, Phone: 816-743-8888, Web: <http://www.atc.dps.mo.gov/>

Retail Liquor Application

Allow 3 to 4 weeks to process new license applications

BUSINESS MUST NOT SELL ALCOHOL UNTIL BOTH STATE & CITY LICENSES ARE OBTAINED

BUSINESS STRUCTURE (check all that applies):

<input type="checkbox"/>	SOLE OWNER	
<input type="checkbox"/>	PARTNERSHIP	(ALL Partners must sign in ALL spaces.)
<input type="checkbox"/>	CORPORATION	(Only the Managing Officer can sign application)
<input type="checkbox"/>	LIMITED LIABILITY COMPANY	(Only the Managing Officer can sign application)

Legal Name of Entity:	Date of Application:
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Doing Business As:	E-mail Address:
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Physical Location Address:

City – State – Zip Code:

Is business location within 100 ft of any school, church or other building used as a place of religious worship?
Yes: _____ No: _____

Mailing Address: (if different from above)

City – State – Zip Code:

Business Phone #:	Missouri Sales Tax #:
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If applying as a Corporation, LLC or Partnership, State Missouri Secretary of State file #
Attach current certificate of Good Standing (*not more than 90 days old*)

Name of Corporation:

File Number: _____ Date of Incorporation: _____

Is Corporation or LLC Non-Profit? Yes: _____ No: _____	If Yes, Provide IRS Tax Exempt #:
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Managing Officer Named must be a person in the applicant's employ, either as an officer or an employee who is vested with general control and superintendence of a whole or a particular part of, the applicant's business at a particular place.

New Liquor applicants will be subject to a Fingerprint-Based Criminal Record Check to include FBI record results from the Missouri State Highway Patrol.
Code will be provided for submission to Missouri State Highway Patrol

Fees must be paid at the time of application. (payable to City of Warrensburg)
Applicant must schedule building/fire inspection for location. (re-inspection fees may apply)

CITY INFORMATION	License#:			
	Amount Paid:	\$	Date Paid:	

SOLE OWNER – PARTNER – MANAGING OFFICER INFORMATION				
The information in this section is for (check the one that applies)				
SOLE OWNER		MANAGING OFFICER		
PARTNER				
Last Name:		First Name:		Middle Initial:
Date of Birth:	Place of Birth:	Social Security #:	Sex: Male:	Female:
Home Phone #:	Drivers License #:	E-mail Address:		
Current Address:				
City – State – Zip Code:				
City, Town or Village where the Sole Owner, Managing Officer or Partner pays taxes:				
Sole Owner, Managing Officer or Partner is registered to vote in the following:				
Precinct:	City:	Ward:	County:	
Have you ever used another name? Yes: No: If yes, list first & last name/names:				
<p>_____</p>				
Has the applicant ever been convicted or plead guilty to a <i>felony, misdemeanor, or violation of any municipal ordinance</i> ? If so, what was the nature of the offense and punishment assessed therefore? Give City and State where the offense occurred.				
<p>_____</p>				
PARTNER (attach additional page if there are more than one)				
Last Name:		First Name:		Middle Initial:
Date of Birth:	Place of Birth:	Social Security #:	Sex: Male:	Female:
Home Phone #:	Drivers License #:	E-mail Address:		
Current Address:				
City – State – Zip Code:				
City, Town or Village where Partner pays taxes:				
Partner is registered to vote in the following:				
Precinct:	City:	Ward:	County:	
Have you ever used another name? Yes: No: If yes, list first & last name/names:				
<p>_____</p>				
Has the applicant ever been convicted or plead guilty to a <i>felony, misdemeanor, or violation of any municipal ordinance</i> ? If so, what was the nature of the offense and punishment assessed therefore? Give City and State where the offense occurred.				
<p>_____</p>				
Signature of Owner, Managing Officer, or Partner:		Date:	Signature of Partner:	
Signature of Partner: (if there are more than one):		Date:	Signature of Partner: (if there are more than one)	
			Date:	

PARTNER (if there are more than one)			
Last Name:		First Name:	Middle Initial:
Date of Birth:	Place of Birth:	Social Security #:	Sex: Male: Female:
Home Phone #:	Drivers License #:	E-mail Address:	
Current Address:			
City – State – Zip Code:			
City, Town or Village where Partner pays taxes:			
Partner is registered to vote in the following:			
Precinct:	City:	Ward:	County:
Have you ever used another name? Yes: No: If yes, list first & last name/names:			
<p>_____</p>			
Has the applicant ever been convicted or plead guilty to a <i>felony, misdemeanor, or violation of any municipal ordinance</i> ? If so, what was the nature of the offense and punishment assessed therefore? Give City and State where the offense occurred.			
<p>_____</p>			
PARTNER (if there are more than one)			
Last Name:		First Name:	Middle Initial:
Date of Birth:	Place of Birth:	Social Security #:	Sex: Male: Female:
Home Phone #:	Drivers License #:	E-mail Address:	
Current Address:			
City – State – Zip Code:			
City, Town or Village where Partner pays taxes:			
Partner is registered to vote in the following:			
Precinct:	City:	Ward:	County:
Have you ever used another name? Yes: No: If yes, list first & last name/names:			
<p>_____</p>			
Has the applicant ever been convicted or plead guilty to a <i>felony, misdemeanor, or violation of any municipal ordinance</i> ? If so, what was the nature of the offense and punishment assessed therefore? Give City and State where the offense occurred.			
<p>_____</p>			
Signature of Owner, Managing Officer, or Partner:	Date:	Signature of Partner:	Date:
Signature of Partner: (if there are more than one)	Date:	Signature of Partner: (if there are more than one)	Date:

Liquor License Fees (check applicable line)

The undersigned does hereby make application to the City of Warrensburg, Missouri, for a Liquor License as prescribed by the ordinances of the City of Warrensburg for the sale of malt liquor, light wine and intoxicating liquor in the following category

New Liquor by the Drink

a. Temporary 90-day \$112.50

Liquor by the Drink

a. Liquor by the drink \$450.00

b. Liquor by the drink on Sunday \$300.00

Civic/Not-for-Profit Organizations

a. Liquor by the drink \$450.00

b. Liquor by the drink on Sunday \$300.00

c. Malt liquor, light wine \$ 75.00

Tavern

a. Malt liquor, light wine \$ 75.00

b. Malt liquor only (includes Sunday) \$ 75.00

Tavern/Bed & Breakfast (no age restriction) \$ 75.00

Tavern/Salon (no age restriction 8:00 a.m. - 9:00 p.m.) \$ 75.00

Annual Caterers License (must meet requirements) \$15.00

Package Sales

a. Malt Liquor, light wine \$ 75.00

b. Intoxicating liquor \$ 75.00

c. Sunday Sales of Intoxicating liquor \$300.00

d. Malt liquor only (includes Sunday) \$ 75.00

Dance Hall (separate application required) \$150.00

Re-Inspection Fees (after first re-inspect) \$225.00

Verification of Food & Alcohol Sales/Schedule of Gross Receipts

Intoxicating Liquor by the Drink: Annual Gross Receipts shall not have been less than \$75,000 with at least \$50,000 of such Gross Receipts from nonalcoholic sales.

90 DAYS GROSS AT LEAST \$18,750 AND NON-ALCOHOLIC SALES AT LEAST \$12,500.

Malt Liquor/Light Wine by the Drink: No food Sales Receipts required.

(kitchen compliance required for no age restriction endorsement).

BREAKDOWN OF FOOD & ALCOHOL SALES

(Receipts reported below must be for a 12 month period)

Beginning Period:	Ending Period:
Gross Receipts: (all sales)	All Non-Alcoholic Sales: (i.e. all food sales, door charges, pool table receipts, etc.)
\$	\$

COMMENTS: (if the period you are reporting for is less than 12 months, please explain why below)

No Age Restriction Supplement –Liquor by the Drink

In order to determine eligibility for a “no age restriction from 5:00 a.m. to 11:00 p.m.” or “no age restriction for all hours of operation” endorsement upon the license sought by the applicant, the applicant must demonstrate compliance with certain minimum operating requirements. The City will conduct inspections to verify these minimum requirements prior to issuance of a license and throughout the license period. Failure to maintain the minimum requirements or providing false information on this application may result in revocation, suspension or modification of the license pursuant to Chapter Three of the Code of Ordinances of the City of Warrensburg.

Complete the following regarding the operations carried on at the establishment proposed for licensure

1. Is the preparation and/or serving of food for consumption on the premises open to general public?

Yes: ____ No: ____

2. What hours of operation for the establishment are in place on a weekly basis?

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

3. How many hours per week will the establishment be open for business between 8:00 a.m. and 8:00 p.m. during the license period? _____

4. How many weeks per year will the establishment be open for business during the license period? _____

5. Is food service to the general public offered during all hours of operation between 8:00 a.m. and 9:00 p.m.?

Yes: ____ No: ____

6. Is a commercial kitchen in operation, to include at least the following for any premises whose total square footage for customer occupancy exceeds one thousand two hundred fifty square feet or whose occupancy limit exceeds fifty persons: a commercial stove, a refrigerator, a commercial sink or dishwashing equipment and at least two full time employees working exclusively in the kitchen?

Yes: ____ No: ____

7. Does the establishment include any of the following?

Dance hall permit? Yes: ____ No: ____

Live or prerecorded music between 11:00 p.m. and 1:30 a.m. ? Yes: ____ No: ____

(prerecorded background music must not exceed ninety (90) decibels A-weighted during that time period)

Pool/Billiard tables? Yes: ____ No: ____

8. Will the establishment’s operations be in conformity with the information provided above throughout the entire license period? Yes: ____ No: ____

If not, how will the operations differ from the above, and when will this change take place?

MANAGING OFFICER APPOINTMENT FORM

Date _____

_____, has
appointed

(Name of Corporation or Organization)

_____, as Managing
(Name of Managing Officer)

Officer for the corporation/organization. The Managing Officer is a person in the licensee's employ, either as an officer or as an employee who is vested with the general control and superintendence of a whole, or a particular part of, the licensee's business in accordance with State Rules and Regulation 11 CSR 70-2.30(7)

Officer of the Organization
(Signature & Date)

Affidavit (must be Notarized) *Notary available at City Hall*

The applicant understands that false answers are grounds for denial of a license.

The applicant understands that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended.

All license applicants must provide a copy of their approved Missouri State Liquor license in order to approve/process the local licenses.

No license will be issued and the establishment must not sell alcohol until State approval documentation is provided to the City.

This license is for use in connection with the operation of a business located at _____, Warrensburg, Missouri, and known as _____. The undersigned is (a General Partner) and/or (the Managing Officer) of the license.

The license covenants to fully comply with all the provisions of the City Ordinances, as amended, pertaining to Liquor Licenses. The undersigned states that he/she is a United States Citizen, a Qualified Voter and Taxpaying Citizen, and is not currently obligated in any way to the City of Warrensburg.

Signature of Owner, Managing Officer, or Partner:	Date:	Signature of Partner:	Date:
Signature of Partner: (if there are more than one)	Date:	Signature of Partner: (if there are more than one)	Date:

NOTARY INFORMATION

On the _____ day of _____, 20____, appeared before me _____, to me personally known, and who did, upon their oath swear and affirm that they executed the above and foregoing document as their free act and deed, and that all information contained therein is true and complete to their best knowledge and belief.

Notary Public Embosser or Black Ink Rubber Stamp	State of _____		County _____
	Subscribed and Sworn Before Me, This Day of _____ Year _____		
	Notary Public Signature	My Commission Expires	<u>Use Rubber Stamp in Area Below</u>
	Notary Public Name (typed or printed)		