



LIQUOR LICENSE APPLICATION
CITY of CAPE GIRARDEAU

CUSTOMER SERVICE OFFICE, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703, 573-339-6322

Date Submitted: _____

Desired Sales Start Date: _____

All questions (6 pages) on this application must be answered completely before the application will be considered. Answers must be typed or legibly printed. Where necessary, respond on a separate document. A background check must accompany this application. Visit www.machs.mshp.dps.mo.gov to obtain your background check.

Application For (check all that apply)

5% Liquor by the Drink	Wholesalers of Malt Liquor Not in Excess of 5%	Sunday Sales
Retail Liquor by the Drink	Wholesalers of Intoxicating Liquor – Under 22%	Wine Tasting
Original Package Liquor	Wholesalers of Intoxicating Liquor – All Kinds	Consumption of Liquor
Manufacturers of Beer	Distillers/Manufacturers of Liquor	

Applicant's Full Name (First, Middle, Last)		Business Name	
Address		Physical Address	
City, State, Zip		City, State, Zip	
Email Address	Number of Stories	Number of Rooms	
Business Phone	Additional, detailed description of premises – all areas listed are subject to inspection		
Type of Ownership (note special sections by type below)			
Corporation	Partnership	Proprietorship, Sole Owner	

Are you in present possession of the premises described above? YES NO

Are any alterations to the building or premises currently underway or planned in the immediate future? YES NO

Has there been a liquor license issued within the past six months which was similar or less restrictive? YES NO

IF NO: EACH APPLICANT WILL BE GIVEN A SIGN TO BE POSTED FOR AT LEAST TEN DAYS PRIOR TO COUNCIL ACTION. THE SIGN WILL CONTAIN THE NOTICE OF APPLICATION AND THE TIME WHEN AND PLACE WHERE THE COUNCIL SHALL CONSIDER THE APPLICATION. THE APPLICANT SHALL BE RESPONSIBLE FOR POSTING THE SIGN. WHEN GIVEN THE SIGN TO POST, A WOODEN STAKE(S) WILL ALSO BE GIVEN, IN WHICH THE APPLICANT MUST RETURN IN ORDER TO RECEIVE THEIR LIQUOR LICENSE. (SEC. 5-34)

Will the licensed premises, or the building in which it is located, be within 200 feet of a school or church? YES NO

IF YES: NO LICENSE SHALL BE GRANTED FOR THE SALE OF INTOXICATING LIQUOR WITHIN TWO HUNDRED FEET OF ANY SCHOOL, CHURCH, OR OTHER BUILDING REGULARLY USED AS A PLACE OF RELIGIOUS WORSHIP. (SEC. 5-6)

TO BE COMPLETED BY CORPORATIONS ONLY

State the exact corporate name of applicant	State the date and place of incorporation
--	--

State the address of the principal office of the corporation

State the names and residence addresses of all officers of the corporation and the office held by each.

Full Name	Address	Office	DOB

State names of all stockholders and the number of shares owned by each (If not a closely held corporation, list those who own at least 10% of issued stock)

TO BE COMPLETED BY PARTNERSHIPS ONLY

State the name the partnership	State date partnership was formed	
State the name of all partners		
<i>Full Name (w/maiden)</i>	<i>DOB</i>	<i>Driver's License No.</i>

ALL REMAINING QUESTIONS MUST BE COMPLETED BY ALL APPLICANTS

PROVIDE THE FOLLOWING INFORMATION PERTAINING TO THE MANAGING OFFICER OF THE CORPORATION, EACH PARTNER OF A PARTNERSHIP OF THE OWNER OF A SOLE PROPRIETORSHIP

Managing Officer Full Name (with Maiden if Applicable)	Date of Birth US Citizen? YES NO	Place of Birth																	
Current Residential Address	Driver's License Number / State	Social Security Number																	
City, State Zip	All Former Driver's Licenses (List number and state)																		
List all former names and corresponding dates	List last 15 years of former addresses and corresponding dates																		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Name</td> <td style="width:20%; border-bottom: 1px solid black;">From</td> <td style="width:20%; border-bottom: 1px solid black;">To</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Name	From	To							<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Address</td> <td style="width:20%; border-bottom: 1px solid black;">From</td> <td style="width:20%; border-bottom: 1px solid black;">To</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Address	From	To						
Name	From	To																	
Address	From	To																	

1. Type of business:

2. Describe all related activities which you intend to conduct on the premise for which you seek a license:

3. Is the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner, or any member of family interested directly or indirectly in any other license issued by the Supervisor of Liquor Control or the City of Cape Girardeau which is now in force? YES NO *If so, give details:*

4. Has the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner, or any member of owner's, managing officer's, or any partner's household or immediate family at any time in the past, held a license from the Supervisor of Liquor Control or the City of Cape Girardeau which was denied? YES NO *If so, give details:*

5. Has the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner, or any member of owner's, managing officer's, or any partner's household or immediate family ever had any license issued by the Supervisor of Liquor Control of the State of Missouri or by the licensing authority of any other state or by any city, suspended or revoked? YES NO *If so, give details:*

6. Has the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner, or any member of owner's, managing officer's, or any partner's household or immediate family ever had any license issued by the Supervisor of Liquor Control of the State of Missouri or by the licensing authority of any other state or by any city, suspended or revoked? YES NO *If so, give details:*

7. Is there now employed, or do you expect to employ, in the business sought to be licensed hereunder any person who has at any time had a license from the Supervisor of Liquor Control revoked or suspended? YES NO *If so, give details:*

8. Has the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner ever been employed by any person, partnership, or corporation that had a license suspended or revoked by the Supervisor of Liquor Control of the State of Missouri? YES NO *If so, give details:*

9. Has any license heretofore issued by the Supervisor of Liquor Control for the premises for which you seek a license ever been suspended or revoked by the Supervisor of Liquor Control of the State of Missouri? YES NO *If so, who was the licensee?*

10. Has the owner, managing officer, or any partner ever been arrested or indicted for the violation of any Federal Law, law of the State of Missouri, or any other state: YES NO *If so, give details:*

11. Has the owner, managing officer, or any partner ever been convicted of any crime in any Missouri Court, any Court of any other State, any Federal Court or any Court of any other Country? YES NO *If so, give details:*

12. Has the owner, managing officer, or any partner ever been convicted of the violation of any ordinance of any city relating to intoxicating liquor gambling, immorality, fighting, or peace disturbance? YES NO *If so, give details:*

13. Has the owner, managing officer or any partner or any member of owner's, managing officer's or partner's household or immediate family ever been convicted of any Federal Law or law of any state concerning intoxicating liquor? YES NO

If so, give details as to each conviction, giving name of person convicted, date and nature of offense, court where sentence was entered, and sentence imposed or fine imposed.

14. Is there now employed or do you expect to employ, in the business hereunder any person who has been convicted of any crime? YES NO *If so, give details:*

15. Do you own or rent the premises for which you seek a license? OWN RENT

16. Who is your landlord?

17. What interest, if any, does your landlord have, directly or indirectly, in the business which you intend to engage in if the license is granted?

18. Does your landlord now hold, or has he ever held, a license of any kind issued by the Supervisor of Liquor Control? YES NO

19. Did you pay the former owner the total purchase price in cash? YES NO *If not, state in detail manner of payment?*

20. Does the former owner of the business have any interest either directly or indirectly in the business for which you seek a license? YES NO *If so, give details:*

21. Give the name of any person, firm, or corporation holding any mortgage or encumbrances of any kind against the business for which you seek a license.

22. State names of persons, firm, or corporations that have advanced, or that will advance any money to you to purchase or operate the business for which you seek a license.

FOR MANAGING OFFICER OF CORPORATION/PARTNERSHIP:

STATE OF _____)
) SS.
 COUNTY OF _____)

_____, of lawful age, being first duly sworn upon (his, her) oath, deposes and says that (he, she) is the managing officer of the corporation seeking a license hereunder, that (he, she) has been authorized by said corporation to make this application in its behalf, that (he, she) has read this application and the instructions with reference thereto, and that (he, she) fully understand the same and that (he, she) knows the contents thereof and the answers and statements contained therein and the same are true.

Subscribed and sworn to before me this _____ day of _____, _____

NOTARY PUBLIC

My Commission Expires:

OFFICE USE ONLY				
Building Inspector	Approve	Disapprove	Signature	Date
Zoning Inspector	Approve	Disapprove	Signature	Date
Health Inspector	Approve	Disapprove	Signature	Date
Fire Inspector	Approve	Disapprove	Signature	Date
Finance Division	Approve	Disapprove	Signature	Date
Taxes	Utilities	Special Assessment	No Tax Due	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
License #			Setup Issue	
HMR Tax #			Setup	