



# City of Cape Girardeau

401 INDEPENDENCE  
P O BOX 617  
CAPE GIRARDEAU MO 63702  
PH: 573-339-6322 FAX: 573-339-6306



## APPLICATION FOR LIQUOR LICENSE

**APPLICATION FOR:** (check one or more)

- 5% LIQUOR BY THE DRINK
- RETAIL LIQUOR BY THE DRINK
- ORIGINAL PACKAGE 5% BEER
- ORIGINAL PACKAGE LIQUOR
- WHOLESALERS OF MALT LIQUOR NOT IN EXCESS OF 5%
- WHOLESALERS OF INTOXICATING LIQUOR – UNDER 22%
- WHOLESALERS OF INTOXICATING LIQUOR – ALL KINDS
- SUNDAY SALES (PERMIT TO ALLOW COMSUMPTION OF LIQUOR)
- MANUFACTURERS OF BEER
- DISTILLERS AND MANUFACTURERS OF LIQUOR
- WINE TASTING

NAME OF APPLICANT \_\_\_\_\_

D/B/A \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

APPLICANT HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

TYPE OF OWNERSHIP (check one only)

- Corporation
- Partnership
- Proprietorship or sole owner

STREET ADDRESS AND SPECIFIC DESCRIPTION OF PREMISES WHICH LICENSE APPLIED FOR WOULD COVER (i.e. NUMBER OF ROOMS, NUMBER OF STORIES, OUTDOOR SEATING AREAS, ETC.) ALL AREAS LISTED ARE SUBJECT TO INSPECTION BY CITY INSPECTORS AND MUST MEET CODE REQUIREMENTS.

ADDRESS: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU IN PRESENT POSSESSION OF PREMISES DESCRIBED PREVIOUSLY?

YES \_\_\_\_\_ NO \_\_\_\_\_

ARE ANY ALTERATIONS TO THE BUILDING OR PREMISES CURRENTLY UNDER WAY OR PLANNED IN THE IMMEDIATE FUTURE?

YES \_\_\_\_\_ NO \_\_\_\_\_

HAS THERE BEEN A PRIOR LIQUOR LICENSE ISSUED WITHIN THE PAST SIX (6) MONTHS WITH THE SAME TYPE OF LICENSE OR A LESS RESTRICTIVE LICENSE?

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF NO, PLEASE BE AWARE THAT ACCORDING TO CITY CODE SEC. 5-33, EACH APPLICANT WILL BE GIVEN A SIGN TO BE POSTED FOR AT LEAST TEN (10) 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.**

IS THE BUILDING IN WHICH THE LICENSED PREMISES ARE LOCATED,  
LOCATED WITHIN 200 FEET OF ANY SCHOOL OR CHURCH BUILDING?

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PLEASE BE AWARE THAT ACCORDING TO CITY CODE SEC. 5-6, NO LICENSE SHALL BE GRANTED FOR THE SALE OF INTOXICATING LIQUOR WITHIN TWO HUNDRED (200) FEET OF ANY SCHOOL, CHURCH, OR OTHER BUILDING REGULARLY USED AS A PLACE OF RELIGIOUS WORSHIP.**

I, the undersigned, hereby apply to the City Council of the City of Cape Girardeau, State of Missouri, for the license above described on the above described premises and for the purpose of inducing the City Council to issue to me said license, I make the statements and answers hereinafter set out and understand and agree that if any statements of answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by said City Council and I further understand and agree that if I, or any of my employees, shall violate the provisions of any ordinances of the City of Cape Girardeau, Missouri, or knowingly allow any other person to do so upon the licensed premises, the City Council may suspend or revoke the license granted hereunder. Applicant further agrees that if the license is granted, inspections may be made in accordance with the regulations as set forth in the Ordinances of the City.

ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED COMPLETELY BEFORE THE APPLICATION WILL BE CONSIDERED. ANSWERS MUST BE TYPED OR LEGIBLY PRINTED. WHERE NECESSARY, ANSWERS SHOULD BE COMPLETED ON ADDITIONAL SHEETS OF PAPER.

**1. TO BE COMPLETED BY CORPORATIONS ONLY.**

State the exact corporate name of applicant: \_\_\_\_\_

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State the date and place of incorporation:

\_\_\_\_\_

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State the address of the principal office of the corporation:

\_\_\_\_\_

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

FULL NAME (AND MAIDEN NAME IF APPLICABLE)	ADDRESS	OFFICE	D.O.B.
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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.)

FULL NAME (AND MAIDEN NAME IF APPLICABLE) NUMBER OF SHARES

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**2. TO BE COMPLETED BY PARTNERSHIPS ONLY.**

State the name of partnerships\_\_\_\_\_

State date partnerships was formed\_\_\_\_\_

State names of all partners:

FULL NAME (AND MAIDEN NAME IF APPLICABLE)	D.O.B.	DRIVERS LIC. NO.
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**ALL REMAINING QUESTIONS MUST BE COMPLETED BY ALL APPLICANTS:**

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

Full name (and maiden name if applicable)\_\_\_\_\_

Current residence address\_\_\_\_\_

Length of residency at current address\_\_\_\_\_

Date of birth\_\_\_\_\_ Is the managing officer a U. S. Citizen?\_\_\_\_\_

Place of birth \_\_\_\_\_ S.S.N. \_\_\_\_\_

Current Driver's License: number \_\_\_\_\_ state \_\_\_\_\_

All former driver's license: (list state and number) \_\_\_\_\_

All former names and times when used:

FULL NAME	FROM	TO

All former residence addresses for past fifteen years and date of residence for each address:

ADDRESS	FROM	TO

4. State the type of business for which you seek a liquor license.

5. Describe all related activities which you intend to conduct on the premise for which you seek a license. \_\_\_\_\_

6. 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? \_\_\_\_\_.

If so, give details: \_\_\_\_\_

7. 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?

\_\_\_\_\_

If so, give details: \_\_\_\_\_

8. 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 made application for a license from the Supervisor of Liquor Control or the City of Cape Girardeau which was denied? \_\_\_\_\_

If so, name the applicant, date of denial and details regarding same. \_\_\_\_\_

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9. 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? \_\_\_\_\_ If so, give details \_\_\_\_\_

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10. 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? \_\_\_\_\_ If so, give details \_\_\_\_\_

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11. 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? \_\_\_\_\_ If so, give details: \_\_\_\_\_

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12. 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? \_\_\_\_\_ If so, who was the licensee? \_\_\_\_\_

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13. 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: \_\_\_\_\_

If so, give details: \_\_\_\_\_

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14. 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? \_\_\_\_\_ If so, give details:

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15. 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? \_\_\_\_\_ If so, give details:

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16. 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? \_\_\_\_\_. 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.

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17. Is there now employed or do you expect to employ, in the business hereunder any person who has been convicted of any crime? \_\_\_\_\_ If so, give details \_\_\_\_\_

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18. Do you own or rent the premises for which you seek a license?

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19. Who is your landlord? \_\_\_\_\_

20. 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?

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21. Does your landlord now hold, or has he ever held, a license of any kind issued by the Supervisor of Liquor Control? \_\_\_\_\_

22. Did you pay the former owner the total purchase price in cash? \_\_\_\_\_ If not, state in detail manner of payment?

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23. Does the former owner of the business have any interest either directly or indirectly in the business for which you seek a license? \_\_\_\_\_ If so, give details:

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24. 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. \_\_\_\_\_

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25. State names of person, firm, or corporation that has advanced, or that will advance any money to you to purchase or operate the business for which you seek a license.

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26. Does the owner, managing officer, corporation, any stockholder, or any partner have any interest directly or indirectly in any brewery, winery, distillery, rectifying or blending plant or wholesale liquor concern either as part owner, stockholders, agent or employee or otherwise?

\_\_\_\_\_ If so, give details \_\_\_\_\_

27. State the name and address of any distillery, wholesaler, winemaker, brewer, or any employee, officer or agent thereof who has, or will have any financial interest directly or indirectly, in the business for which you seek a license: \_\_\_\_\_

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28. State the name of any distiller, wholesaler, winemaker, brewer, or any employee, officer, or agent thereof who has loaned or who will directly or indirectly, loan, give away, or furnish equipment, money, credit or property of any kind to you except ordinary commercial credit for liquors sold to you and except such articles and services, if any, as are permitted by the regulations of the Supervisor of Liquor Control. \_\_\_\_\_

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29. State the name and residence of any person, firm or corporation, if any, who is interested, or who will become interested, directly or indirectly, other than hereinabove set out, in the business for which you seek a license and the nature of such interest.

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30. Has any bonding company ever cancelled any bond signed by it for the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner in connection with any license issued to you by the Supervisor of Liquor Control?

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31. Has any bonding company ever refused to sign any such bond for the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner?

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32. Is this application a subterfuge to permit any person other than yourself or the corporation to secure a license from the City of Cape Girardeau, in your name, for his benefit?

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33. Please list the name(s) of any firms, partnerships, joint ventures, associations, corporations, organizations or entities of any kind in which the applicant(s) holds any stock, title, or other ownership or controlling interest and the amount of interest held in percentage amount. This should include any that are delinquent on any or all taxes, fees, or accounts owed to the City.

<u>Name</u>	<u>Type of Ownership Interest</u>	<u>Percentage Held</u>
_____		
_____		
_____		
_____		

34. Please list the name(s) of any firms, partnerships, joint ventures, associations, corporations, organizations or entities of any kind which hold any stock, title, or other ownership or controlling interest in the applicant(s), and the amount of interest held in percentage amount. This should include any that are delinquent on any or all taxes, fees, or accounts owed to the City.

<u>Name</u>	<u>Type of Ownership Interest</u>	<u>Percentage Held</u>
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_____		
_____		
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35. Please list the name(s) of any firms, partnerships, joint ventures, associations, corporations, organizations or entities of any kind in which any person or entity listed in your response to question number 2 holds any stock, title, or other ownership or controlling interest, and the amount of interest held in percentage amount. This should include any that are delinquent on any or all taxes, fees, or accounts owed to the City.

<u>Name</u>	<u>Type of Ownership Interest</u>	<u>Percentage Held</u>
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_____		
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36. Execute the appropriate acknowledgement.

**FOR PARTNERS OR SOLE PROPRIETORS:**

STATE OF MISSOURI )  
 ) ss.  
COUNTY OF CAPE GIRARDEAU )

\_\_\_\_\_, of lawful age being first duly sworn upon oaths, depose and say that (he, she) have read this application and the instructions with reference thereto and that (he, she, they) fully understand the same; that (he, she) know the contents and the statements contained therein and that the same are true. Applicant has personal knowledge of the information contained the application and has read the provisions of Article XV of Chapter 15 of the Code of Ordinances of the City of Cape Girardeau, Missouri.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_

**FOR MANAGING OFFICER OF CORPORATION/PARTNERSHIP:**

STATE OF MISSOURI )  
 ) ss.  
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\_\_\_\_\_, 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:  
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