



RENEWAL OF 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: _____

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%	
Original Package Liquor	Wholesalers of Intoxicating Liquor – All Kinds	Wine Tasting
Manufacturers of Beer	Distillers/Manufacturers of Liquor	Consumption of Liquor

Applicant's Full Name (First, Middle, Last)		Business Name
Applicant's Address		Business' Address
City, State, Zip		City, State, Zip
Business' Phone	Home / Other Phone	Email

Provide the following information pertaining to the managing officer of the corporation, each partner of a partnership, or the owner of a sole proprietorship

Full Name (and maiden name, if applicable)	Date of Birth	Place of Birth
Current Residence Address	City, State, Zip	
Current Driver License Number	Current Driver License State	Social Security Number
List all former driver license states	Is the managing officer a U. S. Citizen?	YES NO

List all former names and times when used

Full Name	From	To
Full Name	From	To
Full Name	From	To

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 officers, or any partner's household or immediate family 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 within the last 12 months? YES NO *If so, give details:*

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:*

Name, address and phone number of partners or officers, and ownership percentage: (Attach a separate sheet if needed)

Name	Address	Phone	Percentage Held

FOR PARTNERS OR SOLE PROPRIETORS:

STATE OF _____)
) SS.
 COUNTY OF _____)

_____, 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 _____)
) 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			

