



City of Cape Girardeau

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



RENEWAL OF LIQUOR LICENSE APPLICATION

APPLICATION FOR:

- _____ 5% LIQUOR BY THE DRINK
- _____ RETAIL LIQUOR BY THE DRINK
- _____ 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 CONSUMPTION OF LIQUOR)
- _____ MANUFACTURERS OF BEER
- _____ DISTILLERS AND MANUFACTURERS OF LIQUOR
- _____ WINE TASTING

NAME OF APPLICANT _____

DOING BUSINESS AS _____

ADDRESS OF APPLICANT _____

PHONE NUMBER OF APPLICANT BUSINESS _____ HOME _____

ADDRESS OF PREMISES WHICH LICENSE APPLIED FOR WOULD

COVER _____

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) _____

CURRENT RESIDENCE ADDRESS _____

LENGTH OF RESIDENCY AT CURRENT ADDRESS _____

DATE OF BIRTH _____ IS THE MANAGING OFFICER A U S CITIZEN? _____

PLACE OF BIRTH _____ SOCIAL SECURITY NO. _____

CURRENT DRIVER'S LICENSE NUMBER _____ STATE _____

ALL FORMER DRIVER'S LICENSES STATES _____

ALL FORMER NAMES AND TIMES WHEN USED:

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 OFFICER'S, 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? _____

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? _____

IF SO, GIVE DETAILS _____

1. 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>
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2. 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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3. 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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FOR PARTNERS, SOLE PROPIETORS, OR CORPORATIONS

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

_____, OF LAWFUL AGE BEING FIRST DULY SWORN UPON (HIS, HER) OATH, DEPOSES AND SAYS THAT (HE, SHE) HAS READ THIS APPLICATION AND THE ORIGINAL APPLICATION AND THE INSTRUCTIONS WITH REFERENCE TO THEM AND THAT (HE, SHE) KNOWS THE CONTENTS OF THE APPLICATION AND THE ORIGINAL APPLICATION AND THAT THE STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT ACCORDING TO (HIS, HER) BEST KNOWLEDGE, INFORMATION AND BELIEF.

SUBSCRIBED AND SWORN TO ME BEFORE THIS _____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES:

FOR MANAGING OFFICER OF CORPORATION/PARTNERSHIP:

STATE OF MISSOURI

)
) ss.
)

_____, 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:
