

LIQUOR LICENSE APPLICATION CITY Of CAPE GIRARDEAU

Date Submitted: _____

Desired Sales Start Date:

COMMUNITY DEVELOPMENT, 44 N LORIMIER ST, CAPE GIRARDEAU, MO 63701, 573-339-6327

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 <u>www.machs.mshp.dps.mo.gov</u> to obtain your background check.

Application For (check all that a	ipply)					
5% Liquor by the Drink] Wholesalers of Malt Liquo	Wholesalers of Malt Liquor Not in Excess of 5%				
Retail Liquor by the Drink] Wholesalers of Intoxicating	g Liquor – Under 22%	Wine Tasting			
Original Package Liquor] Wholesalers of Intoxicating	g Liquor – All Kinds	Consumption of Liquor			
Manufacturers of Beer] Distillers/Manufacturers o	f Liquor	Deliver Only			
Owner's Full Name (First, Middle, I	ast)	Business Name				
Address		Business Address				
City, State, Zip		City, State, Zip				
Email Address		Number of Stories	Number of Rooms			
Business Phone	Applicant Phone	Additional, detailed description of pr inspection	emises – all areas listed are subject to			
Type of Ownership (note special sections by type below)						
Corporation Partnership	Proprietorship, Sole Owner					
Are you in present possession of	of the premises described abo	ve? YES NO				
Are any alterations to the build	ing or premises currently und	erway or planned in the immediat	e future? YES NO			
Has there been a liquor license issued within the past six months which was similar or less restrictive? YES NO						
THE APPLICATION AND PRIOR TO THE	IF NO: EACH APPLICANT WILL BE GIVEN A SIGN TO BE POSTED ON THE PREMISE TO BE LICENSED FOR AT LEAST TEN DAYS AFTER SUBMISSION OF THE APPLICATION AND PRIOR TO THE GRANTING OF THE LICENSE. THE SIGN WILL CONTAIN THE NOTICE OF APPLICATION. THE APPLICANT SHALL BE RESPONSIBLE FOR POSTING THE SIGN IN A MANNER VISIBLE TO THE GENERAL PUBLIC (SEC. 5-34)					
	Cign give	n to annlicent on	to post uptil			

	L Sign given to applicant on t				
Will the licensed premises, or the building in	n which it is located, be within 200 feet of a se	chool, church	YES	NO	
or other building regularly used as a place of	f religious worship?				
IE VES: Applicant must obtain consent in writing of	f the Board of Adjustment as established in Ch. 30 (of the City Code			

IF YES: Applicant must obtain consent in writing of the Board of Adjustment as established in Ch. 30 of the City Code

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	1

tate the names and residence addresses of all officers of the corporation and the office held by each.							
Full Name	Full Name Address Office						

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			
Full Name (w/maiden)	DOB	Driver's License No.	

ALL REMAINING QUESTIONS MUST BE COMPLETED BY ALL APPLICANTS

time had a license from the Supervisor of Liquor Control revoked or suspended?

PROVIDE THE FOLLOWING INFORMATIC PARTNERSHIP OF THE OWNER OF A SOL			IANAGING OFFICER OF THE CORPOR	RATION, E	ACH PARTNE	ER OF A
Managing Officer Full Name (with Maiden if Applicable)		able)	Date of Birth Place of Birth US Citizen? YES NO			
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 Name	I former names and corresponding dates ne From To		List last 15 years of former addresses and corresponding da Address From To			ng dates To
1. Type of business:	1				1	
2. Describe all related activities which y	ou intend t	o conduct on t	the premise for which you seek a lic	ense:		
3. Is the owner, managing officer, corport of family interested directly or indirectly which is now in force? YES NC	in any oth		-			-
4. Has the owner, managing officer, cor member of owner's, managing officer's, the Supervisor of Liquor Control or the C	or any part	tner's househo	old or immediate family at any time	in the pa		ense from
5. Has the owner, managing officer, cor member of owner's, managing officer's, Supervisor of Liquor Control of the State revoked? YES NO If so, gi	or any part	tner's househo	old or immediate family ever had ar	ny license	issued by the	e
6. Has the owner, managing officer, cor member of owner's, managing officer's, Supervisor of Liquor Control of the State revoked? YES NO If so, gi	or any part of Missour	tner's househo	old or immediate family ever had ar	y license	issued by the	e
7. Is there now employed, or do you ex	pect to emp	ploy, in the bu	siness sought to be licensed hereun	der any p	erson who h	as at any

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.

23. Does the owner, managir	g officer, corporation, any stockholder, or any partner have any interest directly or indirectly in any
brewery, winery, distillery, re	ctifying or blending plant or wholesale liquor concern either as part owner, stockholders, agent or
employee or otherwise?	YES NO If so, give details:

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

25. 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.

26. 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.

27. 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? YES NO If so, give details:

28. Has any bonding company ever refused to sign any su	uch bond for the owner, managing officer, corporation, any stockholder	r
owning 10% or more of issued stock, or any partner?	YES NO If so, give details:	

29. Is this application a subterfuge to permit any perso	n othe	r tl	han yo	our	self or the corporation to secure a license from the City of
Cape Girardeau, in your name, for his/her benefit?	YES		NO		If so, give details:

Name	Address	Phone	Percentage Held

31. Print this form and execute the appropriate acknowledgement:

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. In addition, applicant understands that any false statement contained in this application may result in prosecution under the Code of Ordinances for the City of Cape Girardeau, Missouri, and/or state law.

SIGN: _____

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:

Revised 03/24/2022

FOR MANAGING OFFICER OF CORPORATION/PARTNERSHIP:

 STATE OF ______
)

)
)

 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				
Police Dept.	Approve	Disapprove	Signature	Date
Building Inspector	Approve	Disapprove	Signature	Date
Zoning Inspector	Approve	Disapprove	Signature	Date
Health Inspector	Approve	Disapprove	Signature	Date
Fire Inspector	Approve	Disapprove	Signature	Date
FOG Inspector	Approve	Disapprove	Signature	Date
Taxes		Utilities	Special Assessment	No Tax Due
License #			Setup Issue	
Bill #			Amount Due	