



RENEWAL OF LIQUOR LICENSE APPLICATION
CITY of CAPE GIRARDEAU

COMMUNITY DEVELOPMENT, 44 N. LORIMIER, CAPE GIRARDEAU, MO 63701 (573) 339-6300

Date Submitted: _____

Application For (check all that apply)

5% Liquor by the Drink <input type="checkbox"/>	Wholesalers of Malt Liquor Not in Excess of 5% <input type="checkbox"/>	Sunday Sales <input type="checkbox"/>
Retail Liquor by the Drink <input type="checkbox"/>	Wholesalers of Intoxicating Liquor – Under 22% <input type="checkbox"/>	Wine Tasting <input type="checkbox"/>
Original Package Liquor <input type="checkbox"/>	Wholesalers of Intoxicating Liquor – All Kinds <input type="checkbox"/>	Consumption of Liquor <input type="checkbox"/>
Manufacturers of Beer <input type="checkbox"/>	Distillers/Manufacturers of Liquor <input type="checkbox"/>	Delivery Only <input type="checkbox"/>

Owner's Full Name (First, Middle, Last)		Business Name	
Owner's Address		Business' Address	
City, State, Zip		City, State, Zip	
Business Phone	Applicant/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 <input type="checkbox"/> NO <input type="checkbox"/>	

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 _____, _____

My Commission Expires: _____

NOTARY PUBLIC

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 _____, _____

My Commission Expires: _____

NOTARY PUBLIC

OFFICE USE ONLY				
Police Dept.	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Building Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Zoning Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Health Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Fire Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
FOG Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
	Taxes <input type="checkbox"/>	Utilities <input type="checkbox"/>	Special Assessment <input type="checkbox"/>	No Tax Due <input type="checkbox"/>
License #			Setup Issue	
Bill #			Amount Due	