

City of Wright City

FILING DATE: _____

NEW APPLICATION ()
RENEWAL ()
SUNDAY ()

203 Veterans Memorial Parkway
Wright City, MO 63390
Phone: 636-745-3101
Fax: 636-745-3119

STAFF NAME: _____

Application for City Liquor License

** Upon completion of the application and reports this will be presented at the next regular or special Board of Aldermen meeting at least ten (10) days after the filing of the application. Approval is by a majority of the members present. **

TYPE OF LICENSE REQUESTED:

- () Retail Liquor by the Drink
- () Retail Liquor by the Drink - Exempt
- () Retail Liquor by the Drink - Caterer
- () Retail Liquor by the Drink - Picnic
- () 5% Beer by the Drink (Includes Sundays)
- () 5% Beer by the Drink - Wine
- () 5% Beer by the Drink - Caterer
- () 5% Original Package Beer (Includes Sundays)
- () Sunday by the Drink/Restaurant Bar
- () 5% Wholesale Solicitor
- () 3.2% Non-Intoxicating Beer by the Drink
- () 3.2% Wholesale Solicitor
- () 3.2% Original Package Beer
- () Consumption of Intoxicating Liquor
- () Original Package Liquor
- () Sunday Original Package Liquor
- () Original Package Beer/Wine Tasting

TO THE HONORABLE BOARD OF ALDERMEN OF THE CITY OF WRIGHT CITY:

(Name of Business) _____, the undersigned, hereby makes an application for a liquor license inside the City of Wright City, of Warren County, Missouri. such sales to be made on the following described premises only, to-wit:

Name of Managing Officer: _____

Address: _____
STREET CITY/STATE ZIP

Phone: _____ **Date of Birth:** _____

Social Security #: _____ **Drivers Lic. #:** _____
(*Social Security Number will be used for purposes of Identification in running record check). (*Provide a copy of Driver's License).

Personal Property Taxes Year 20_____ **Paid?** Yes () No ()
(Attach most recent copy)

Registered Voter? YES () NO () (Attach a Voter Registration Certificate)

Name of Company: _____
*Please Circle One: (Individual) (Partnership) (Corporation)

Location Address: _____ **Phone#** _____

Name of Owner of Business: _____

Address of Owner (If different than applicant) _____

Citizen of U.S.A.? () YES () NO
If Not Naturalized, Give Number: _____ Dist. _____

Have you ever been arrested? _____ **What Charge?** _____
Where? _____

Have you ever been convicted of a felony? () Yes () No

Have you previously held a liquor license of any type? _____
If so, When and Where _____

Have you ever had a liquor license suspended or revoked? _____

Have you ever been convicted of any violation of a federal law, state statute or local ordinance relating to intoxicating liquor? _____
If so, give details _____

Has the location previously been occupied as a liquor establishment, liquor store or tavern? _____
If so, state name _____

Is the location within 100 feet of property used for church, school or public playground? _____

The applicant has read this application and fully understands, that said license will be subject to all of the ordinances of the City pertaining to the operation of said business and agrees that he will abide by all lawful ordinances, regulations and rules adopted by the City relating to the conduct of said business, that he is in all respect qualified in law to receive such license, and that the answers and statements set out in the above application are true. It is understood and agreed that the license when and if issued shall be subject to revocation for cause by the Board of Aldermen and when and if lawfully revoked the City shall in no event return any part of the license fee paid for such license and such license fee shall be forfeited to the City.

Signature of Applicant _____ Signature of Owner _____

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(Please Note: Application Must Be Notarized)

(Applicant) _____, being duly sworn, to before me. This _____
day of _____, 20____. States that the facts set out in the above application are true.

States that the facts set out in the above application

Notary Public

My Commission Expires: _____

******FOR OFFICAL OFFICE USE ONLY******

Back Ground Check: _____

Copy of Drivers License: _____	Date Approved by BOA: _____
Copy of Voters Registration: _____	License Fee Amount: \$ _____
Copy of Personal Property Tax: _____	Issued License: # _____
Copy of Waiver Signed: _____	Application Notarized: _____
Two Photographs: _____	Social Security # of Mngr: _____
Copy of Naturalized Citizen: _____	Application Completed: _____

