

CITY OF JACKSON, MISSOURI
APPLICATION FOR CITY LIQUOR LICENSE

Check all license(s) that apply:

- 1) _____ Retailers of intoxicating liquor, light wines, malt liquor (beer) and nonintoxicating beer whether by drink, original package, and location to be consumed, except Sale on Sunday, twenty-five dollars (\$25.00).
- 2) _____ Retailers of intoxicating liquor, light wines, malt liquor (beer) and nonintoxicating beer whether by drink, original package, not to be consumed upon the premises where sold, and sold Sundays, in addition to all other fees required by law of such retailer, two hundred dollars (\$200.00).
- 3) _____ Manufacturers or distillers of intoxicating liquors containing alcohol in excess of five (5) percent by weight or malt liquor (beer) containing not more than five (5) percent of alcohol by weight, five hundred dollars (\$500.00).

Check One:

Sole Proprietor **Partnership** **Corporation** **Limited Liability Corporation**

Licensee's Name _____

Doing Business As _____

Address _____

Phone Number _____

Legal Description of Premises (or attach a copy). _____

Are you in Present Possession of Premises Described Above? Yes _____ No _____

Specify if you own, rent or lease the premises _____

If renting or leasing provide the landlord's name and address: _____

For Internal Purposes Only:

What is the distance in feet measured in a straight line from the nearest point of the above-described premises to the nearest point of the premises of the nearest school, church, or other building regularly used as a place of religious worship? _____

Has the applicant secured all State permits? _____

Does the applicant have a current business license? _____

State the following for each owner in the business known as: _____

A) Name _____ Residence _____
Full Name _____

Previous Residence _____

Date of Birth _____ Social Security Number _____ Telephone (____) _____

Percentage Owned % _____

B) Name _____ Residence _____
Full Name _____

Previous Residence _____

Date of Birth _____ Social Security Number _____ Telephone (____) _____

Percentage Owned % _____

C) Name _____ Residence _____
Full Name _____

Previous Residence _____

Date of Birth _____ Social Security Number _____ Telephone (____) _____

Percentage Owned % _____

D) Name _____ Residence _____
Full Name _____

Previous Residence _____

Date of Birth _____ Social Security Number _____ Telephone (____) _____

Percentage Owned % _____

If any owner/operator is a naturalized citizen, give information concerning admission to citizenship. Name _____

Date _____ Court _____

I, the undersigned, hereby apply to the City Clerk, of the City of Jackson, State of Missouri, for the license above described on the above-described premises and for the purpose of inducing the City Clerk to issue to me said license, I make the statements or answers hereinafter set out and understand and agree that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by said Board 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 Jackson, Missouri or knowingly allow any other person to do so upon the licensed premises, the Board 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 said City, and at other reasonable times. I also authorize the City of Jackson to do a Police background check. We are, and will continue to be throughout the term for which this license is sought, the owners and operators of the business for which this license is sought.

I/We, _____, _____, _____, _____,

Print Name

Print Name

Print Name

Print Name

being of lawful age, being first duly sworn upon their oath, depose and say that they have read this application and fully understands same and that they know the contents thereof and the answers and statements contained therein and that the same are true.

SIGNED:

SIGNED:

SIGNED:

SIGNED:

DATE:

STATE OF MISSOURI)
COUNTY OF CAPE GIRARDEAU) SS.

Subscribed to and sworn before me this _____ day of _____,
20____. My Commission expires: _____.

Notary Public