



**CITY OF HOLTS SUMMIT  
2014-2015 Liquor License Application**

**(Check All That Apply)**

- Malt liquor (5% or less) and light wines not in excess of 14% by the drink for consumption on premises = \$52.50
- Malt liquor not in excess of 5% in the original package = \$22.50
- Sale of non-intoxicating beer in the original package = \$22.50
- Sale of intoxicating liquor in the original package = \$150.00
- Sale of intoxicating liquor in the original package on Sunday = \$200.00
- Restaurant/Resort intoxicating liquor by the drink for consumption on premises = \$450.00

**Total Due** = \$ \_\_\_\_\_

The above fees are to be paid at the time of application.

1. Exact Name of Business (As it shall appear on the license) \_\_\_\_\_
2. Physical Address of Business \_\_\_\_\_
3. Mailing Address of Business \_\_\_\_\_
4. Business Telephone Number \_\_\_\_\_
5. Name of Owner of Business \_\_\_\_\_
6. Home Address of Business Owner \_\_\_\_\_
7. Home Telephone Number of Business Owner \_\_\_\_\_
8. Driver's License or State ID # of Business Owner \_\_\_\_\_
9. Name of Business Manager \_\_\_\_\_
10. Home Address of Business Manager \_\_\_\_\_
11. Home Telephone Number of Business Manager \_\_\_\_\_
12. Driver's License or State ID # of Business Owner \_\_\_\_\_
13. Names of all persons with owner interest in store \_\_\_\_\_

14. Have any of the above ever been convicted of a crime in any of the following jurisdictions:  
**United States** \_\_Yes \_\_No    **State of Missouri** \_\_Yes \_\_No    **City of Holts Summit, MO** \_\_Yes \_\_No  
 If your answer was yes to any of the above, please state what the crime was, the date and location of the crime and any other information that might be necessary. Please record this information on the back of this application.

**NOTICE TO APPLICANT: All licenses expire on June 30<sup>th</sup> of each calendar year. This license is not transferable to any other person or entity. Applicant must submit the following with the application:**

1. A tax clearance letter from the Missouri Department of Revenue showing that applicant is not indebted to the City of Holts Summit or the State of Missouri for any tax, including sales tax.
2. Payment of Fees
3. Copy of Voter Registration Card.

The undersigned applicant certifies that the information contained in this application is accurate and complete.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

**THIS SECTION WILL BE COMPLETED BY THE CITY**

**Liquor License No.** \_\_\_\_\_ **Zone:** \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ CC Type \_\_\_\_\_ Cash \_\_\_\_\_ Receipt No. \_\_\_\_\_

Application is approved by Ordinance No. \_\_\_\_\_ Date \_\_\_\_\_

Application is denied for reason of \_\_\_\_\_

Signature of City Administrator \_\_\_\_\_ Date \_\_\_\_\_