



## LIQUOR LICENSE APPLICATION

I, the undersigned, do hereby apply to the City of Sikeston, for the license described below on the premises described below, for the purpose of inducing the City of Sikeston to issue me said license. I make the statements and 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 by said City. I further affirm that I and all my employees are of good moral character and that if I, or any of my employees, shall violate the provisions of any ordinance of said City, or knowingly allow any other person to do so upon the licensed premises, that said City may revoke the license granted hereunder. Applicant further agrees that if the license is granted, inspection may be made in accordance with the law.

### Please complete the following:

1. Applicant: \_\_\_\_\_  
(If partnership see page 2, for a corporation see page 3.)
2. Address: \_\_\_\_\_  
Street/P.O. Box  
\_\_\_\_\_  
City State Zip Code
3. Social Security Number or FEIN: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Phone Number: (\_\_\_\_) - \_\_\_\_\_
5. Missouri Tax Identification Number: \_\_\_\_\_
6. Position: \_\_\_\_\_ Owner \_\_\_\_\_ Manager \_\_\_\_\_ Managing Officer (Corporation)
7. Type of License(s) Sought: \_\_\_\_\_  
\_\_\_\_\_
8. Address/Location of Premises: \_\_\_\_\_
9. Name of Business: \_\_\_\_\_
10. Owner of Premises: \_\_\_\_\_
11. Attach a listing of the dates and places of all revocations of liquor and non-intoxicating beer licenses and all convictions of any law or ordinances applicable



**CORPORATION**

PRESIDENT

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

VICE-PRESIDENT

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

SECRETARY

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

TREASURER

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

A processing fee of fifteen dollars (\$15.00) must accompany this application, payable to the City of Sikeston.

Complete the attached Request for a Criminal Record Check. Return it, along with the application and a second check for five dollars (\$5.00) made payable to the "State of Missouri, Criminal Record System" to City Treasurer, Karen Bailey.

The fee for your liquor license will be one and one-half (1 ½) times the amount charged by the State of Missouri.

Prior to your license being issued, a building inspection by the Code Enforcement Division is required. A business license application/building inspection form can be obtained from the Office of the City Collector or by calling 573-471-2193.

The City Treasurer will issue a letter of approval that will be forwarded to the Division of Liquor Control. Once you have obtained your State liquor license, bring it, or a copy, to the City Collector and if your building has passed inspection, your license(s) will be issued.

If you have any questions, contact City Treasurer Karen S. Bailey at 573-471-2560 or via e-mail at [ksbailey@sikeston.org](mailto:ksbailey@sikeston.org).

Please note: This application process is for the City of Sikeston, only. You must contact the Division of Liquor Control for a State License.

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**FOR OFFICE USE ONLY**

Filed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the office of the City Treasurer.

Signature of city official: \_\_\_\_\_

Title of city official: \_\_\_\_\_

Filing fee received: \_\_\_\_\_ By: \_\_\_\_\_

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

Date issued: \_\_\_\_\_ By: \_\_\_\_\_

License/receipt numbers: \_\_\_\_\_

**REQUEST FOR CRIMINAL RECORD CHECK**

Reference No. \_\_\_\_\_  
(office use only)

SHP-158D 9/93 - Please print or type.

Name (last, first, middle) \_\_\_\_\_

(maiden/alias) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex  male  female Race \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

*I authorize the release of any criminal history record information to the requestor.*

Signature (optional) \_\_\_\_\_

*It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search. See reverse side for details.*

**PURPOSE**

Employment  Child Care  Nursing Home  Home Health Care  Other Employment   
Licensing  Other (specify) \_\_\_\_\_

**SEND REPLY TO**

KAREN S. BAILEY, CITY TREASURER

105 EAST CENTER

SIKESTON, MISSOURI 63801

Telephone (include area code) (573) 471-2560

**PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT**

(per sections 43.527 and -530, RSMo.)

Search based on NAME, DATE OF BIRTH, SOCIAL SECURITY NO.: \$5.00 per individual

Search based on FINGERPRINTS and NAME: \$14.00 per individual

Fee is payable either by check, warrant, or money order to "State of Missouri, Criminal Record System." Please forward the request and fee to:

**Missouri State Highway Patrol  
Criminal Records and Identification Division  
Post Office Box 568  
Jefferson City, MO 65102**

## QUESTIONS OFTEN ASKED ABOUT CRIMINAL HISTORY RECORDS

### WHAT IS CRIMINAL HISTORY RECORD INFORMATION (CHRI)?

Criminal history record information is defined by statute as information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, informations, or other formal criminal charges, and any disposition arising therefrom, sentencing, correctional supervision, and release.

The Patrol further describes CHRI as being in one of three categories: open records, closed records, and incomplete records. *Open records* are records of convictions, pending charges, and suspended impositions of sentence during the term of probation. *Incomplete records* are created when an arrest is reported, no disposition information is received within 30 days, and the status of the record is unknown. State statutes require these records to be closed. *Closed records* include incomplete records, records of suspended imposition of sentence upon termination of probation, arrests over 30 days old where charges have not been filed, the accused is found not guilty, or the charges were nolle prossed (not prosecuted) or dismissed.

### WHAT CHRI IS AVAILABLE?

It depends on the reason for obtaining the record. Generally, open records are public records and are distributed without restrictions. Incomplete records and closed records have limited use.

### WHO MAY RECEIVE CHRI?

Any requestor may receive open record information. Closed records are accessible by the following:

1. criminal justice agencies and some federal agencies
2. child care agencies
3. facilities as described in Section 198.006, RSMo., which include nursing homes and related facilities
4. in-home service provider agencies as defined in 660.250, RSMo.

### HOW MAY THESE AGENCIES USE CLOSED CHRI?

Closed records may be used for purposes of prosecution, sentencing, parole consideration, criminal justice employment, and nursing home employment, and may be used only for the purpose obtained. CHRI status can change at any time and should not be used if over 30 days old.

*-(The receiver of closed records may wish to consult an attorney concerning the use or disclosure of closed record information.)*

### WHAT ARE THE CENTRAL REPOSITORY'S DISSEMINATION POLICIES?

Open records will be disseminated based on a search using a name identification information only for a fee of \$5.00. For positive identification, fingerprints can be submitted for a processing fee of \$14.00.

Closed records and incomplete records will not be disseminated without the submission of fingerprints to assure positive identification. Blank fingerprint cards are available, free of charge, from the Central Repository.

*-(It is the responsibility of the requestor to inform the Central Repository what records are desired and to provide the information necessary to conduct the appropriate search.)*

