



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. Applicant's Address: _____
Street/P.O. Box

City State Zip Code
Email Address: _____
3. Cell Phone: _____
4. Social Security Number or FEIN: _____
5. Date of Birth: _____ Phone Number: _____
6. Missouri Tax Identification Number: _____
7. Position: _____ Owner _____ Manager _____ Managing Officer (Corporation)
8. Type of License(s) Sought: _____

9. Address/Location of Premises: _____
10. Name of Business: _____
11. Owner of Premises: _____

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.

A Criminal Record Check is required. You may either provide it or the City will obtain one for you. If you want the City to process your criminal history, complete the attached Request for a Criminal Record Check. Return it, along with the application and an additional fifteen dollars (\$15.00). You may write one check for both the application fee and background check.

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 573-471-2511.

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 when your building has passed inspection, your license(s) will be issued.

If you have any questions, contact City Treasurer Karen S. Bailey at 573-471-2511 or via e-mail at 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.

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: _____