City of Osage Beach 1000 City Parkway Osage Beach, MO 65065 573/302-2000 Phone 573/302-2039 Fax www.osagebeach-mo.gov



Planning Dept:	
Sewer Dept:	
License # :	

LIQUOR LICENSE APPLICATION

Date of Application:	Date Application Received:	
		_
Name of Establishment:		
Physical Address:		
Mailing Address:		
Applicant Name:		

(As it is to appear on license. If corporation, name of corporation and managing officer)

- □ Original Applications: Submit a copy of your Missouri voter registration card & background check performed by the Missouri Highway Patrol along with the application.
- □ Renewal Applications: Submit completed application **and background check per Ordinance 15.81** (voter registration not required for renewals.) Completed applications must be received by May 1st. Applications received after May 1 are subject to the following late fees: May 2 to May 31 \$100 late fee; June 1 to June 30 \$200 late fee; after June 30 \$300 late fee.

Item	Fee	License Description	City Code
a	375.00	Manufacture and distribution (not sales) of intoxicating malt liquor not more than	MDBWT
		5% alcohol by weight.	
b	150.00	Distribution or wholesale of intoxicating liquors not more than 5% alcohol by weight.	DBLQWT
c	300.00	Manufacture or distilling of intoxicating liquors in excess of 5% alcohol by weight.	MLQWT
d	750.00	Distribution or wholesale of intoxicating liquors in excess of 5% alcohol by weight.	DLQWT
e	75.00	Retail sales of intoxicating liquors not more than 5% alcohol by weight in original	BPR
		package to be consumed on premises. (Includes Sunday Sales.)	
f	75.00	Retail sales of intoxicating liquors not more than 5% alcohol by weight in original	BPK
		package not to be consumed on premises. (Includes Sunday Sales.)	
g	450.00	Retail sales of intoxicating liquors in excess of 5% alcohol by weight to be	LDRK1
		consumed on premises.	
h	750.00	Retail sales of intoxicating liquors in excess of 5% alcohol by weight to be consumed	LDRK2
		on premises. (Includes Sunday Sales.)	
i	150.00	Retail sales of intoxicating liquors in excess of 5% alcohol by weight in original	LPKG1
		package not to be consumed or opened on premises.	
j	450.00	Retail sales of intoxicating liquors in excess of 5% alcohol by weight in original	LPKG2
		package not to be consumed or opened on premises. (Includes Sunday Sales.)	
k.	75.00	Retail sales of malt liquor not more than 5% alcohol by weight /or light wines	BWDRK1
		containing in excess of 14% alcohol by weight.	
I.	375.00	Retail sales of malt liquor not more than 5% alcohol by weight /or light wines	BWDRK2
		containing in excess of 14% alcohol by weight. (Includes Sunday Sales.)	
m.	300.00	Sunday Liquor Sales	LSUN
n	15.00	*Caterer per day.	CTLQDY
o.		*Picnic per day.	PCLQDY
p.	N/C	Change of managing officer.	MGO
q	N/C	Wine tasting.	WTG

^{*}If applying for a Caterer or Picnic License describe the event in detail, including the event name, location and time.

A) Personal Information:

Application of: Owner Co-owner Managing Officer (If Owner is not the managing officer of the establishment, please indicate co-owner or managing officer.)				
1)	Name:	Sex:		
2)	(List maiden name if female applicant) Current address:	How long:		
3)	Mailing address:	Phone No.:		
4)	List addresses for past 5 years:			
5)	Date of birth:	Place of birth:		
6)	Driver's license No.:	State of issue:		
7)	Are you a U.S. citizen? □ Yes □ No	If a naturalized citizen, give country of birth:		
	Indicate data and number of final sitizanship nanari			
8)	Indicate date and number of final citizenship paper:			
9)	Spouse's name:	Spouse's date of birth:		
10)	Have you ever been arrested? □ Yes □ No	If yes, give date, city where arrested and final disposition:		
11)	Have you ever been convicted of a felony? □ Yes	s □ No		
12)	If you are not an Osage Beach, MO resident, in what	city or county are you a tax paying citizen?		
13)	Name and address of your previous employers: (Pas	t 5 years)		
	10) Name and address of your previous employers. (I ast o years)			
14) Have you ever had a license to manufacture or sell intoxicating liquor or beer revoked? Yes No If yes, please give details:				
<u>15)</u>	Have any of your employees been convicted of a felo	ony? Yes No If yes, please give details:		
16) Have any of your employees ever had a license to manufacture or sell intoxicating liquor or beer revoked? □ Yes □ No If yes, please give details:				
17) Have you been convicted of violating any law, in any state, regarding the manufacture or sale of intoxicating or non-intoxicating liquor, after December 15, 1933? Yes No If yes, please give details:				

1)	Name of establishment for which license is sought:				
2)	2) EXACT location (street address) of establishment:				
	Mailing address if different:				
3)	Phone No.: Do you have a current city business license?	□ Yes □ No			
4)	Is property located within 300 ft. of a church, school, or college as defined by city ordin	nance?			
5)	Is establishment occupied in whole or part as a dwelling?	□ Yes □ No			
6) - Y	6) Is entire establishment arranged so that all areas where customers are served visible to the public? □ Yes □ No				
7) gen	7) Is establishment occupied and operated mainly as a drug store, cigar and tobacco store, grocery store, general store, confectionery or delicatessen?				
8) □ Y	8) Do you have a stock of merchandise totaling \$1,000 or more, exclusive of fixtures and intoxicating liquors? □ Yes □ No				
9)	Please give dimensions of all areas where intoxicating liquors will be served or dispen	sed:			
10)	Seating capacity for above defined areas:				
10)	If application is for liquor by the drink, do you have furniture and equipment in the esta	ablishment valued			
at \$	5,000 or more?	□ Yes □ No			
C)	Partnership or Limited Liability Company (LLC) Information:				
1)	Please give name, address, date and place of birth for each partner or member, whether	her general or limited:			
2)	Does anyone else have financial interest in the partnership?	□ Yes □ No			
If ye	If yes, please give name, address and nature of interest.				
3)	Are all members of partnership also eligible for a license as an individual under the	ne provisions of city ordinances?			
		□ Yes □ No			
4)	Has a wholesale or retail license to manufacture or sell intoxicating liquor or beer	, held by the			
part	tnership or any of its members been revoked or suspended?	□ Yes □ No			
If yes, please give details.					

B) Location Information:

Name of corporation: State in which incorporated: Date of incorporation: Name and address of each officer and director of corporation, and resident local manager: 4) Name and address of each corporation stockholder owning 10% or more of the capital stock, including the number of shares held by each: Has corporation's license to manufacture or sell intoxicating liquor or beer ever been revoked? □ Yes □ No **ORIGINAL APPLICATION** Each individual owner or managing officer of a corporation or limited liability company must submit a criminal background check performed by the Missouri Highway Patrol and a copy of his or her State of Missouri voter registration card Notary Information: State of Missouri } SS County of Camden } _____, being first duly sworn, state that I am the person who is to be in fact actively engaged in the actual control of the particular establishment (business, if manufacturer or distributor) for which such license is sought and that each and every statement contained in the foregoing application is true. I further promise and agree not to violate any of the ordinances of the City of Osage Beach, Missouri, the laws of the State of Missouri or of the United States of America, in the conduct of the business for which this license is hereby sought. Applicant's Signature Printed Name , 20 Subscribed and sworn to before me on this_____day of___ Notary Public: Liquor Control Board members recommending approval: Police Chief: Board of Alderman Representative: City Collector:

D) Corporation Information:

Planning Commission Chair: