# LIQUOR LICENSE APPLICATION

BLUE SPRINGS MISSOURI

(Any reference to "applicant" in this document refers to the owner/managing officer.)

## TO BE COMPLETED BY APPLICANT AS (CHECK ONE):

Sole Owner & Operator ☐ Corporation ☐ Partnership ☐ LLC ☐

Corporation Name:_____ Business Phone:_____

Business Name:_____ Mobile Phone:_____

Business Address:_____

Mailing Address _____

Date Business Scheduled to open: _____ Sales Tax ID# _____

State Liquor License Number:_____ Date Renewed:_____

(I), (We), the undersigned, hereby apply to the City of Blue Springs, MO, for the following described license: Type _____ for the premises described above.

## APPLICANT DETAILS

Applicant's Name:_____ SSN: _____

Sex: _____Age: _____ Height: _____ Phone:_____

Weight: _____Hair Color: _____ Email:_____

Eye Color: _____

Home Address: _____

Place of Birth: _____ Date of Birth: _____

Employment Address: _____

Phone: _____ Email: _____

If Sole Owner/Operator, state name and address:

_____

If partnership, give partnership name and the name, address, and percentage ownership interest of each partner:

1. List all previous addresses, if less than five years at current address:

   _____

2. List any aliases, past and present, if any:

   _____

3. Are you a citizen of the United States of America? Y ☐/ N ☐

   Place of Birth: _____

   If naturalized, give date and place of naturalization: _____

4. Will you be the person in active control and management of this business full-time? Y ☐/ N ☐

   Part Time: Y ☐/ N ☐ Other: _____

5. Have you or any partner ever been arrested anywhere in the United States for the violation of any City State or Federal law? (do not include minor traffic offenses) If so, who where, when and what offense:

   _____

6. Have you or any present or prospective employee ever been the holder of any liquor license that was revoked? _____ If so, give complete details:

   _____

7. Have you or any partner ever been the holder or any liquor permit to manufacture or sell alcoholic beverages that was revoked: _____If so, give complete details:

8. Have you or any partner ever been found guilty in any court anywhere in the United States for any offense for which you served time, received a suspended sentence, or placed on probation or paid a fine? _____ If so, who, where, when, what offense:

_____

9. Is there now employed, or do you or the partnership or corporation expect to employ, in the business sought to be licensed hereunder, any person who has been convicted of any crime? _____If so, state details:

_____

10. Are you, or any member of your household or immediate family, interested directly or indirectly in any other permit issued by the Director of Liquor Control that is now in force? _____If so, please give complete details:

_____

11. Have you, or any member of your household or immediate family, ever made application for a permit for the director of Liquor Control that was denied? _____ If so, give the name of applicant, approximate date of denial, and the details regarding same:

_____

12. Have you or any partner ever been convicted of a felony? _____ If so, please list who, where, when, and what offense:

13. If nor a corporation, give names and business addresses of employers for the past five years. If self-employed, state nature of business and location:

_____

14. Is the proposed location within 300 feet of a church or school? _____

15. Give dimensions of room(s) in which alcoholic beverage will be dispensed:

_____

16. If existing business, from whom was the business purchased?

_____

17. Date of purchase: _____ Date of possession: _____

18. Does the former owner of the business have any interest, either directly or indirectly, in the business for which you seek a license? _____ If so, state details:

_____

19. What type of business is the permit to be used for?

_____

20. Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the ordinances of Blue Springs, Missouri, and the laws of the State of Missouri; and do you promise and agree not to violate any of the ordinances of Blue Springs, Missouri, the laws of the State of Missouri, or the United States in the conduct of the business for which the license is sought? _____

21. Do you rent or lese the premises for which this liquor license is to be used? _____

    If so, give terms of rent or lease, name of owner of property, and attach a copy of the lease:

    _____

22. What interest, if any, does your landlord have, directly or indirectly, in the business which you intend to engage in if the license is granted?

    _____

## IF BUSINESS IS OWNED BY CORPORATION, COMPLETE THIS SECTION:

Name of corporation: _____

State in which incorporated: _____ Date of incorporation: _____

If not a Missouri corporation, date authorized to do business in Missouri: _____

1. List full name, complete residential address, phone number, date of birth and Social Security Number of all officers of the corporation:

   **President:**

   Name: _____ Date of Birth: _____

   Phone Number: _____ SSN: _____

   Residential address: _____

   **Vice President:**

   Name: _____ Date of Birth: _____

   Phone Number: _____ SSN: _____

   Residential address: _____

   **Secretary:**

   Name: _____ Date of Birth: _____

   Phone Number: _____ SSN: _____

   Residential address: _____

**Treasurer, Managing Officer:**

Name: _____ Date of Birth: _____

Phone Number: _____ SSN: _____

Residential address: _____

2. Names, address, and number of shares owned of all stockholders who hold 10% or more of the capital stock:

_____

3. Name of Managing Agent (officer) for corporation: _____

   Name: _____ Email Address: _____

   Phone Number: _____

   Address: _____

4. Number of outstanding shares of stock: _____

5. Is the corporation or any stockholder or the managing officer thereof, or any member of his/her household or immediate family, interested directly in any other permit issued by the Director of Liquor Control? _____If so, give details:

_____

6. Has any stockholder of the corporation or any officer ever been employed by any person, partnership, or corporation that had a license revoked or suspended? _____ If so, please list who, where, when, and what offense:

7. Has any stockholder of the corporation or an officer ever been arrested anywhere in the United States for the violation of any City, State or Federal Law? _____(do not include minor traffic offenses) If so, Who? Where? When? What Offense?

_____

8. Has any stockholder of the corporation or any officer ever been found guilty in any court anywhere in the United States for any offense for which you served time, received a suspended sentence, or placed on probation or paid a fine? _____
   If so, who? Where? When? What offense?

_____

9. Has any stockholder of the corporation or an officer ever been convicted of a felony? _____
   If so, Who? Where? When? What offense?

_____

10. Has any stockholder of the corporation or an officer ever been the holder of any liquor permit to manufacture or sell alcoholic beverages that was revoked? _____
    If so, give complete details:

_____

11. State the name and residence of each person, firm, or corporation, if any, other than the corporation and its stockholders, interested, or to become interested, directly or indirectly, other than hereinabove set out, in the business for which a license is sought and the nature of such interest:

# REPORT OF EMPLOYEES OF LIQUOR ESTABLISHMENT

Business Name / Owner: _____ Phone: _____

Address: _____

Employee Names:

**Employee # 1**

Name (First, MI, Last): _____ Date of Birth: _____

Phone Number: _____ SSN: _____

Residential address: _____

**Employee #2**

Name (First, MI, Last): _____ Date of Birth: _____

Phone Number: _____ SSN: _____

Residential address: _____

**Employee # 3**

Name (First, MI, Last): _____ Date of Birth: _____

Phone Number: _____ SSN: _____

Residential address: _____

**Employee # 4**

Name (First, MI, Last): _____ Date of Birth: _____

Phone Number: _____ SSN: _____

Residential address: _____

**Employee # 5**

Name (First, MI, Last): _____ Date of Birth: _____

Phone Number: _____ SSN: _____

Residential address: _____

**Signature of Managing Officer or License Holder** **Date**

_____ _____

County of Jackson)

SS

State of Missouri)

I, _____, being of lawful age and duly sworn upon my oath, do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief

_____

Applicant's Signature

Subscribed and sworn to before me on this _____ day of _____, 20_____

_____

Notary Public

My commission expires: _____

## TO BE PROVIDED BY APPLICANT:

1. Copy of lease or mortgage showing Proof of Occupancy.
2. Recent photographs of the interior and exterior of the premises to be licensed. If the building is under construction, the applicant shall provide a copy of the plans and specifications of the building.
3. A recent photograph of the applicant and /or Managing Agent.
4. Drawing of the premises to be covered by this permit.
5. Copy of Missouri voter registration card for the Managing agent.
6. Copy of the Managing Agents paid Missouri personal property tax receipt for year immediately preceding date of application.
7. Copy of Jackson County Business Property tax receipt for year immediately preceding date of application. (If the business was new after 1st of January of that year, it is exempt from taxes.)
8. Appropriate license fee: Cashiers check, money order, (or Cash) made payable to the City of Blue Springs.
9. For newly constructed or remodeled businesses, a certificate of occupancy permit shall be obtained prior to the actual issuance of a city liquor license. To obtain this permit, contact Codes Administration at 816-228-0118.