



Application Type:	$\sqcup$ Package	□ Drink			$\sqcup$ Special	□ Owne	ership Change
<b>Business Information</b>	on						
This Business is a:	☐ Sole Prop	orietor	☐ Partnership	□ LP	□ LLC	☐ Corpo	ration
Legal Name of Entit	y				Type of Bu	siness	
Doing Business as (	d/b/a) (if diffo	erent than	above)				
Physical Address City State Zip						Zip	
Mailing Address (if different from above)							
Phone		Cell Ph	one	Em	ail		
State & Date of Incorporation or Organization Missouri Retail Sales Tax Number							
Date business sche	duled to oper	า					
Give dimensions or	square foota	ge of the b	uilding, outdoor pat	io, and any oth	er areas in w	hich alcoh	olic beverages
may be stored or di	ispensed:		·				_
Is the proposed location within 300 feet of a church, school, or hospital?							
Proposed hours of operation:							
If existing business,	· —	was the bu	siness purchased?				
Date of purchase:			Date of Possession:				
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, explain:							
I hereby apply to the City of Independence, MO, for the following license(s) for the business and premises described above (mark all license types for which you are applying on page 2). I also certify that the information given in this application is true to the best of my knowledge and that the license is non-transferable. I also agree that this business will observe the restrictions specifically enumerated in Chapter 2 of the Independence City Code related to alcoholic beverages.							
Signature of Applica	ant		Prir	ited Name			
Title			Dat	<u> </u>			

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# Liquor License Application Form

Regulated Industries Division 111 E. Maple Avenue Independence, MO 64050 (816) 325-7079 blicenses@indepmo.org

## Liquor License Types (mark all license types for which you are applying)

All liquor licenses are effective for one (1) year, beginning July 1 and ending June 30. Any liquor license application made between January 1 and March 31 will be charged a prorated fee equal to one-half of the annual license fee (listed below). Those licenses will expire June 30 of that year. Applications made between April 1 and June 30 will be charged the full license fee (listed below), however those licenses will expire June 30 the following year.

Pac	kage Liquor Licenses
	P1 – Retail Selling of Intoxicating Liquor of all kinds in the original package (\$150.00)
	P3 – Retail Selling of Beer only in the original package; includes Sunday Sales (\$150.00)
	S – Sunday Sales (\$300.00)
	T – Tasting Permit (\$25.00)
	nk Licenses
	T1 – Retail Selling of Intoxicating Liquor by the Drink (\$450.00)
	T2 – Retail Selling of Malt Liquor & Wine by the Drink (\$150.00)
	T3 – Retail Selling of Beer by the Drink; includes Sunday Sales (\$150.00)
	R1 – Restaurant Selling Intoxicating Liquor (\$450.00)
	R2 – Restaurant Selling Beer; includes Sunday Sales (\$150.00)
	F1 – Tax Exempt Organizations Selling Intoxicating Liquor (\$300.00)
	H1 – Hotel Selling Intoxicating Liquor (\$450.00)
	Z1 – Consumption of Intoxicating Liquor (\$150.00)
	S – Sunday Sales (\$300.00)
Mai	nufacturing, Distilling, Blending Licenses
	M1 – Manufacturing, Distilling, Blending Intoxicating Liquor of all kinds (\$300.00)
	M2 – Manufacturing twenty-two (22) percent or less alcohol- content intoxicating liquor (\$300.00)
	M3 – Manufacturing, Brewing Malt Liquor (\$300.00)
	manufactaring mail Enquer (people)
Wh	olesale Licenses
	W1 – Wholesale selling of Intoxicating Liquor of all kinds (\$300.00)
	W2 – Wholesale selling of twenty-two (22) percent or less alcohol-content intoxicating liquor (\$300.00)
	W3 – Wholesale selling of malt liquor (\$300.00)
Spe	cial Licenses
	S1 – Microbrewery (\$7.50 per 100 barrels produced)
	S2 – Domestic Winery (\$7.50 per 500 gallons produced)
	S4 – Picnic 7 Day Intoxicating Liquor by the Drink (\$15.00 per day)
	S6 – July 4 <sup>th</sup> Celebration Malt Liquor & Light Wine by the Drink (\$15.00 per day)
	C1 – Caterer Intoxicating Liquor by the Drink – Up to 7 Days (\$15.00 per day)
	C2 – Caterer Intoxicating Liquor by the Drink – Up to 50 Days (\$500.00)
	C3 – Caterer Intoxicating Liquor by the Drink – Unlimited Days (\$1.000.00 per day)

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ivianagin	g Officer, Sole	Owner, or ivia	naging Pari	tner information			
Full Name	9					Social Secu	rity Number
Sex	Age	Height	Weight	Date of Birth	Place of Birth	Are you a	U.S. Citizen
Home Ad	dress	(	City			State	Zip
Place of F	mployment (o	ther than husi	ness)	Employment P	hone Email		
riace or E	inployment (o	ther than busi	11033)	Limployment	none Eman		
Employm	ent Address	(	City			State	Zip
		Managing Offi	icar Sala O	wnor or Managir	ag Dartnor nave tayor		·
City of To	wii where the	Managing On	icer, sole o	wher, or ivialiagin	ng Partner pays taxes:		
\\/ill +bic r	orson ho in ac	tivo control an	d managan	mant of this husin	ossa Plaasa avalain (	nart tima/full tir	ma atal:
vviii tiiis ļ	erson be in ac	tive control at	iu manager	nent of this busin	ess? Please explain (	part-time/ruii-tii	ne, etc.j.
Have you	any partner o	r amplayaa ay	or boon are	rosted anywhere	in the United States fo	or the violetion	of any City
•				•	do not include minor		
		,,		(			
Have vou	. anv partner o	r emplovee ev	er been the	e holder of a licen	nse to manufacture or	sell alcoholic be	everages.
•	s revoked? If s						
Have you	, or any memb	er of your hou	sehold or ir	mmediate family,	ever made applicatio	n for a permit fo	or the
Director o	of Liquor Contr	ol that was de	nied? If so,	, explain and prov	vide approximate date	e of denial:	
•		•	which this b	ousiness is to be ι	used? If so, give term	s of rent or lease	e, and name
and addre	ess of property	owner:					

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Regulated Industries Division 111 E. Maple Avenue Independence, MO 64050 (816) 325-7079 blicenses@indepmo.org

Partnership or Member Information (complete only for partnerships or LLCs with multiple members)
Give partnership or LLC name (if not already listed above) and the name, address, and percentage ownership
interest of each partner or member:
Corporate Information (complete only for a corporation)
List full name, complete address, phone number, date of birth and Social Security Number of all corporate officers:
President:
Vice President:
Secretary:
Treasurer:
Managing Officer:
Names, address, and phone number of shares owned of all stockholders who hold 10% or more of the capital stock:
Is the corporation or any stockholder or the managing officer thereof, or any member of his/her household or
immediate family, have interest directly in any other permit issued by the Director of Liquor Control? If so, explain:
Has any stockholder of the corporation or an officer ever been employed by any person, partnership, or corporation that had a license revoked or suspended? If so, who, where, when and what offense:
• • • • •

#### **Alcoholic Beverage Code Certifications – Adult Materials**

I certify this establishment <u>will not</u> display or sell books, photos, magazines, videos, or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing, or relating to specified sexual activities.

I certify this establishment <u>will</u> display or sell books, photos, magazines, videos, or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing, or relating to specified sexual activities.

#### Alcoholic Beverage Code Certifications – Allow Entry for Inspection

□ I agree that I will permit the entry of any officer or investigator who has legal authority for the purpose of inspection; and will permit the removal of all things and articles which may be in violation of the ordinances of Independence, Missouri, and the laws of the State of Missouri or the United States.

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Liquor License
Application Form

Regulated Industries Division 111 E. Maple Avenue Independence, MO 64050 (816) 325-7079 blicenses@indepmo.org

#### **Alcoholic Beverage Code Certifications – Restaurant Liquor Sales**

If qualifying as a restaurant: I certify that at least 50% of the gross sales of the business for which this license application is made will consist of food.

### **Alcoholic Beverage Code Certifications – Package Liquor Sales**

If applying for a package liquor license: I certify that, at all times, I will keep a stock of goods having a value according to my original invoices of at least one thousand dollars (\$1,000.00), exclusive of the inventory value of the fixtures and of the intoxicating liquor, which I shall offer for sale on said premises. Check one of the following:

This location will have alcohol sales that are <u>less than</u> 90% of gross store sales.

This location will have alcohol sales that are more than 90% of gross store sales.

#### **Additional Documentation Required**

- 1. Letter of Explanation Letter explaining why the application is being submitted by outlining the operations of the business and the use of the liquor license, should it be approved.
- 2. A recent photo of the Managing Officer.
- 3. Criminal Record Check Missouri Highway Patrol criminal record check for the Managing Officer, Sole Owner, or each partner or member of a partnership or LLC.
- 4. Copy of the Managing Officer's paid Missouri personal property tax receipt for year immediately preceding the date of application.
- 5. Copy of Missouri voter registration card for the Managing Officer.
- 6. Recent photos 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.
- 7. Floorplan of the premises to be licensed including any areas where alcoholic beverages will be stored, sold, or consumed including outdoor patio areas.
- 8. Copy of Jackson County Business Property Tax receipt for year immediately preceding date of application. (If the business was new after January 1 of that year, it is exempt from this requirement.
- 9. Business License Application Applicant must submit a Business License application that includes a letter of "No Tax Due" dated within the previous 90-days for the MO sales tax number provided and a certificate of liability insurance.
- 10. License Fee: Check or money order payable to the City of Independence. See page 2 for current annual license fees.

Please return this application and all required documents to the Regulated Industries Division at the address above. For questions about completing this application, please contact Jordan Ellena at JEllena@indepmo.org or by phone at 816-325-7183.

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