



City of Albany
106 E. Clay Street
Albany, MO 64402
(660)726-3935

**APPLICATION
FOR
LIQUOR LICENSE**

CITY USE ONLY - DO NOT WRITE IN THIS SPACE

| | | |
|------------------------|---|-----------------------|
| Date Approved by Board | License Term: FROM: _____ THROUGH: _____ | Fee Paid: \$ _____ |
|------------------------|---|-----------------------|

INSTRUCTIONS

- Please TYPE or PRINT this application using only black ink.
- Answer all questions fully or indicate "N/A" if not applicable.
- Attach copies of any additional supporting documents requested.
- Submit completed, notarized application to the Collector with full payment of required license fee.

SECTION I – TYPE OF LICENSE REQUESTED

Check one:

Renewal

New

Fee

Check one:

- Sale of non-intoxicating beer for consumption on premises where sold..... \$25.00
- Sale of non-intoxicating beer by grocers and other merchants and dealers, for sale in the original package direct to consumers, but not for resale..... \$15.00
- Retailer of malt liquor by the drink not in excess of five percent (5%) alcohol by weight, on or off the premises..... \$51.00
- Retailers of malt liquor not in excess of five percent (5%) alcoholic content by weight – original package..... \$75.00
- Retailers of intoxicating liquors in excess of five percent (5%) – original package. (Attach inventory at cost prices of goods other than intoxicating liquor for sale at the proposed place of business.)..... \$100.00
- Retailers of intoxicating liquor in excess of five percent (5%) by the drink – original package..... \$400.00
- Retailers of intoxicating liquor in excess of five percent (5%) by the drink – original package – restaurant bar. (Attach proof of State License.)..... \$400.00
- Sunday retailers of intoxicating liquors in excess of five percent (5%) – original package. (Attach inventory at cost prices of goods other than intoxicating liquor for sale at the proposed place of business.)..... \$150.00

SECTION II – BUSINESS INFORMATION

1. TYPE OF OPERATION: () PROPRIETORSHIP () PARTNERSHIP () CORPORATION () L.L.C.
2. NAME OF COMPANY: _____ BUSINESS PHONE: _____
3. TRADE NAME(D/B/A): _____
4. BUSINESS ADDRESS IN ALBANY: _____
5. MAILING ADDRESS (if different than above): _____

SECTION III – APPLICANT INFORMATION

1. NAME (Proprietor, Primary Partner, Managing Officer): _____ SOCIAL SECURITY NO.: _____
(First) (Middle) (Last)
DATE OF BIRTH: _____ DRIVER'S LICENSE NO.: _____ STATE _____
GENDER: male female
2. Residence Address: _____ Phone: (_____) _____
Length of Residence: _____
3. Are you an assessed taxpaying citizen of the State of Missouri? () Yes () No
(Attach a copy of your current **Paid Personal Property Tax Receipt**.)
4. Are you registered to vote at your current address? () Yes () No (Attach a copy of your **Voter Registration Card**.)
5. Have you ever been granted a license or permit whose license as such dealer has been revoked or have you been convicted of a felony or any violation of a federal law, state statute or local ordinance regulating, controlling or prohibiting the sale of liquor since the adoption of the Twenty-First Amendment to the Constitution of the United States? If so, give details. _____

SECTION IV – PARTNERSHIPS/CORPORATIONS

If Partnership, list name and address of all partners:

If Corporation, list name and address of all officers:

State of Incorporation: _____ Date of Incorporation: _____

List name and address of Board of Directors:

List name and address of all stockholders:

