

CITY OF JACKSON, MISSOURI APPLICATION FOR CITY LIQUOR LICENSE

Check all license(s) that apply:

- 1) _____ Retailers of intoxicating liquor, light wines, malt liquor (beer) and nonintoxicating beer whether by drink, original package, and location to be consumed, except Sale on Sunday, twenty-five dollars (\$25.00).
- 2) _____ Retailers of intoxicating liquor, light wines, malt liquor (beer) and nonintoxicating beer whether by drink, original package, not to be consumed upon the premises where sold, and sold Sundays, in addition to all other fees required by law of such retailer, two hundred dollars (\$200.00).
- 3) _____ Manufacturers or distillers of intoxicating liquors containing alcohol in excess of five (5) percent by weight or malt liquor (beer) containing not more than five (5) percent of alcohol by weight, five hundred dollars (\$500.00).

Check One:

Sole Proprietor ___ **Partnership** ___ **Corporation** ___ **Limited Liability Corporation** ___

Licensee's Name _____

Doing Business As _____

Address _____

Phone Number _____

Legal Description of Premises (or attach a copy). _____

Are you in Present Possession of Premises Described Above? Yes _____ No _____

Specify if you own, rent or lease the premises _____

If renting or leasing provide the landlord's name and address: _____

For Internal Purposes Only:

What is the distance in feet measured in a straight line from the nearest point of the above-described premises to the nearest point of the premises of the nearest school, church, or other building regularly used as a place of religious worship? _____

Has the applicant secured all State permits? _____

Does the applicant have a current business license? _____

State the following for each owner in the business known as: _____

A) Name _____ Residence _____

Full Name

Previous Residence _____

Date of Birth _____ Social Security Number _____ Telephone () _____

Percentage Owned % _____

B) Name _____ Residence _____

Full Name

Previous Residence _____

Date of Birth _____ Social Security Number _____ Telephone () _____

Percentage Owned % _____

C) Name _____ Residence _____

Full Name

Previous Residence _____

Date of Birth _____ Social Security Number _____ Telephone () _____

Percentage Owned % _____

D) Name _____ Residence _____

Full Name

Previous Residence _____

Date of Birth _____ Social Security Number _____ Telephone () _____

Percentage Owned % _____

If any owner/operator is a naturalized citizen, give information concerning admission to citizenship. Name _____

Date _____ Court _____

I/We, _____, _____,
 _____ Print Name _____ Print Name

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

DATE: _____

STATE OF MISSOURI)
) SS.
COUNTY OF CAPE GIRARDEAU)

Subscribed to and sworn before me this _____ day of _____,
20____. My Commission expires: _____.

Notary Public