



CITY OF NORTHMOOR, MISSOURI
Liquor License Application/Renewal
4907 NW Waukomis Drive, Northmoor, MO 64151

CITY OF NORTHMOOR

RETAIL LIQUOR LICENSE APPLICATION

BUSINESS / APPLICANT INFORMATION

APPLICATION DATE: _____ BUSINESS NAME: _____

APPLICANT NAME: _____ DOB: _____ SS#: - -

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WORK: - - - CELL: - - - EMAIL: _____

IS BUSINESS OWNED BY: YOURSELF: _____ PARTNERSHIP: _____ CORPORATION: _____

PARTNERS NAMES:

1. NAME: _____ DOB: _____ SS# - -

2. NAME: _____ DOB: _____ SS# - -

3. NAME: _____ DOB: _____ SS# - -

CORPORATION: _____ CONTACT: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LISTED OFFICERS: NAME AND TITLE

1. _____ TITLE: _____

2. _____ TITLE: _____

3. _____ TITLE: _____

4. _____ TITLE: _____

BUSINESS INFORMATION

ADDRESS: _____ IS PROPERTY: OWNED _____ LEASED _____

IF LEASED, LANDLORD INFORMATION: ADDRESS _____

PHONE: - - -

TYPE OF BUSINESS: BAR _____ RESTAURANT _____ OTHER _____

TYPE OF LICENSE BEING REQUESTED:

LIQUOR BY DRINK: ___ PACKAGE LIQUOR ___ WHOLESALE ___

SUNDAY SALE BY RESTAURANT ___ BEER BY DRINK OR PACKAGE ___

RETAIL BY HOTEL ___

HOURS OF OPERATION:

DAYS: (Mark the days of operation): MON TUES WED THURS FRI SAT SUN

OPERATING HOURS: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. HAVE YOU OR ANYONE IN YOUR PARTNERSHIP OR CORPORATION EVER BEEN ARRESTED FOR ANY CITY, STATE OR FEDERAL LAW'S?
YES___ NO___
2. HAVE YOU OR ANYONE IN YOUR PARTNERSHIP OR CORPORATION EVER BEEN CONVICTED OF ANY CITY, STATE OR FEDERAL LAW'S?
YES___ NO___
3. HAVE YOU OR ANYONE IN YOUR PARTNERSHIP OR CORPORATION BEEN CONVICTED ON ANY TYPE OF FELONY CHARGES?
YES___ NO___
4. HAVE YOU OR ANYONE IN YOUR PARTNERSHIP OR CORPORATION EVER HAD ANY TYPE OF LIQUOR LICENSE CANCELLED, SUSPENDED OR REVOKED FOR ANY REASON IN ANY STATE?
YES___ NO___
5. DO YOU OR ANYONE IN YOUR PARTNERSHIP OR CORPORATION HOLD A LIQUOR LICENSE OF ANY TYPE AT THIS TIME IN ANY OTHER CITY?
YES___ NO___

IF YOU ANSWERED **YES** TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE COMPLETE DETAILS BELOW TO INCLUDE THEIR NAME, CHARGES, SENTENCE IMPOSED AND DATES:

BUSINESS EMERGENCY NOTIFICATION FORM

DATE: ___/___/___

Please Print

Business Name: _____ Business Phone: ___/___/___
Business Address: _____ Owners Name: _____
Owners Home Phone: ___/___/___ Owners Cell Phone ___/___/___
Alarm Company: _____ Emergency Phone: ___/___/___
Key or Lock/Knox Box location (in applicable) _____

EMERGENCY CONTACTS: (Please list in the order you want them notified)

1. _____ Home Phone: ___/___/___ Cell Phone: ___/___/___ Keys _____
2. . _____ Home Phone: ___/___/___ Cell Phone: ___/___/___ Keys _____
3. . _____ Home Phone: ___/___/___ Cell Phone: ___/___/___ Keys _____
4. . _____ Home Phone: ___/___/___ Cell Phone: ___/___/___ Keys _____

Is there outside storage?

Will there be any employees on the property after hours? Yes _____ No _____

Will there be any animals on the property after hours? Yes _____ No _____ If Yes, how many? _____

What type of dogs will be on the property? _____

HAZARDOUS MATERIALS: Please list any Hazardous Materials you have on the property. List type, amount and where they are stored.

MISCELLANEOUS INFORMATION:

You may return the completed form to Northmoor City Hall at the above referenced address and/or fax number or email to clerk@northmoormo.gov

PLEASE UPDATE THIS FORM AS YOUR INFORMATION OR CONTACTS CHANGE.

Liquor License Renewal Requirements Checklist

The forms and fee must be submitted to the City Clerk by 3:30 p.m. on the third Thursday in June of the current year

CHECKLIST:

- City Liquor License Application (*attached*)
- City Emergency Contact Information (*attached*)
- No Tax Due Statement –This statement can be obtained from the State of Missouri, contact information:
Department of Revenue in Jefferson City, MO
Phone: 573-751-9268 or by
Email: taxclearance@dor.mo.gov
- Missouri division of alcohol & Tobacco Control Permit (State Liquor License)
- Platte County Liquor License
- State of Missouri – Retail Sales License
- Platte County Health Department Certification - Food Permit
- Platte County Merchants License
- Certificate of Liability Insurance - (COI) **naming the City of Northmoor as additional insured.** Your insurance carrier will need our address (4907 NW Waukomis Dr., Northmoor, MO 64151 or the COI can be emailed to clerk@northmoormo.gov
- License Fee: (*Noted on your cover letter*)