BUSINESS LICENSE APPLICATION

Alcoholic Beverage License Application

City of Belton, Missouri
506 Main Street Belton, MO 64012
P 816.331.4331 • F 816.322.4620

*Reminder – A business may **NOT** sell alcohol until a city alcohol license is approved and issued.*
City licenses expire June 30 of each year. **Liquor License fees are prorated.**

☐ New Application ☐ Change of Managing Officer

Application for (check all that apply; license fees are prorated)

☐ Retail Liquor by the Drink [RSMO 311.200.5] $450 City License Fee
(Spirits, Wine, and Beer-includes package sales-can add Sunday)

☐ Beer by the Drink and Wine License [RSMO 311.200.4] $75 City License Fee
(Beer and Light Wine up to 14%-does not include package sales-can add Sunday)

☐ 5% Beer by the Drink License [RSMO 311.200.3] $75 City License Fee
(Beer-does not include package sales-includes Sunday)

☐ Package Liquor License [RSMO 311.200.1] $150 City License Fee
(Original Package Spirits, Wine, and Beer-does not include consumption on premise-can add Sunday)

☐ 5% Package Beer License [RSMO311.200.2] $75 City License Fee
(Original Package Beer-does not include consumption on premise-includes Sunday)

☐ Sunday Sales License [RSMO 311.293] $300 City License Fee
(Spirits, Wine, and/or Beer)

☐ Retail Liquor by the Drink Tax Exempt [RSMO 311.200.5] $450 City License Fee
(Spirits, Wine, and Beer-must provide proof of tax exempt status-can add Sunday)

☐ Other _____

Managing Officer's Information

Name _____
First Middle Last (Maiden)

Address (physical address) _____
(no PO Boxes)

City _____ St _____ Zip _____

Mailing Address (if different) _____

City _____ St _____ Zip _____

Cell Number ( ) _____ SS#_____ Birthdate _____
Month / Day / Year

Place of Birth _____ Email Address _____

Office Use Only

Approved by _____

Date _____

Fee $_____

Are you a US Citizen? ☐ Yes ☐ No If naturalized, give date/place of naturalization _____

_____

☐ Male ☐ Female Height/Weight _____ Eye Color _____ Hair Color _____

Spouse's Name _____
First Middle Last (Maiden)

Cell Number ( ) _____ SS#_____ Birthdate _____
Month / Day / Year

Please state your employment for the last 5 years (business names & addresses). If you were self-employed, state the nature of the business and location. _____

_____

_____

1. Have you ever been arrested in the US for the violation of any City, sate, or Federal law?
☐ Yes ☐ No (Do not include minor traffic offenses)

If Yes, please explain _____

2. Have you ever been found guilty of a crime in the US for which you served time, received a suspended sentence, were placed on probation, or paid a fine? ☐ Yes ☐ No (Do not include minor traffic offenses)

If Yes, please explain _____

3. Have you ever been convicted of a felony? ☐ Yes ☐ No

If Yes, please explain _____

4. Have you ever had a liquor permit revoked? ☐ Yes ☐ No

If Yes, please explain _____

5. Have you ever declared bankruptcy or been insolvent? ☐ Yes ☐ No

If Yes, please explain _____

6. Are you the person in active control and management of this business ☐ Full-time ☐ Part-time
If part-time, please explain your planned management. _____

_____

7. Will you, at all times, permit the entry of any police officer, duly authorized representative of the Liquor Control Department, or any other investigator or inspector who may have legal supervisory authority for the purpose of inspection or search, including auditing of your records and books for purposes of verification of the amount of liquor sales and food sales, where applicable? ☐ Yes ☐ No

If No, please explain _____

8. Will you permit the removal of all things and articles which are held in violation of the Ordinances of the City of Belton, and the Laws of the State of Missouri? ☐ Yes ☐ No

If No, please explain _____

9. Do you consent to the introduction into evidence such articles in any proceedings for the violation of any provision of the revised liquor control Ordinances of Belton, Missouri, and/or for the suspension or revocation of the permit for which this application is made? ☐ Yes ☐ No

If No, please explain _____

Is this business located within 100 feet of a church? ☐ Yes ☐ No

If Yes, please explain _____

Is this business located within 100 feet of a school? ☐ Yes ☐ No

If Yes, please explain _____

Does the business currently employ, or plan to employ, anyone who has been convicted of any crime?

☐ Yes ☐ No If Yes, please explain _____

Business Information

Business Ownership ☐ Individual ☐ Partnership ☐ Corporation ☐ LLP ☐ LLC ☐ Not for Profit

A current/active business license must be on file for your employer in order for an alcohol license to be issued. Please provide your employer's information so we can verify their license status.

Name of Employer/Company (DBA) _____

Address (physical address) _____

City _____ St _____ Zip _____

Mailing Address (if different) _____

City _____ St _____ Zip _____

Phone Number ( ) _____ Contact person _____

Description of Type of Business _____

If the Local Business Manager Will NOT be the Managing Officer, Please Fill Out the Section Below

Name _____
First Middle Last (Maiden)

Address (physical address) _____

City _____ St _____ Zip _____

Mailing Address (if different) _____

City _____ St _____ Zip _____

Cell Number ( ) _____ SS#_____ Birthdate _____
Month / Day / Year

Place of Birth _____ Email Address _____

Partner(s)

If this business is any type of Partnership please provide Partnership Information below.

#1 Name _____
First Middle Last (Maiden)

Address (physical address) _____

City _____ St _____ Zip _____

Cell Number ( ) _____ SS#_____ Birthdate _____
Month / Day / Year

Email Address _____ ☐ Male ☐ Female

#2 Name _____
First Middle Last (Maiden)

Address (physical address) _____

City _____ St _____ Zip _____

Cell Number ( ) _____ SS#_____ Birthdate _____
Month / Day / Year

Email Address _____ ☐ Male ☐ Female

If additional space is needed, please provide the information on a separate piece of paper.

Corporate Officers

If this business is a corporation please provide Corporate Information below.

Name of Corporation _____

Address (physical address) _____

City _____ St _____ Zip _____

Mailing Address (if different) _____

City _____ St _____ Zip _____

Phone Number ( ) _____ Contact person _____

President

Name _____
First Middle Last (Maiden)

Address (physical address) _____

City _____ St _____ Zip _____

Cell Number ( ) _____ SS#_____ Birthdate _____
Month / Day / Year

Email Address _____ ☐ Male ☐ Female

Vice President

Name _____
First Middle Last (Maiden)

Address (physical address) _____

City _____ St _____ Zip _____

Cell Number ( ) _____ SS#_____ Birthdate _____
Month / Day / Year

Email Address _____ ☐ Male ☐ Female

Secretary

Name _____
First Middle Last (Maiden)

Address (physical address) _____

City _____ St _____ Zip _____

Cell Number ( ) _____ SS#_____ Birthdate _____
Month / Day / Year

Email Address _____ ☐ Male ☐ Female

Treasurer

Name _____
First Middle Last (Maiden)

Address (physical address) _____

City _____ St _____ Zip _____

Cell Number ( ) _____ SS#_____ Birthdate _____
Month / Day / Year

Email Address _____ ☐ Male ☐ Female

I hereby certify that the business or occupation I intend to pursue under the authority of the license for which I am applying does not violate or otherwise conflict with existing laws of the State of Missouri or ordinances of the City of Belton. I hereby state that I will not violate any of the ordinances of Belton, Missouri, the laws of the state of Missouri, or the law of the United States in the conduct of the business for which this permit is sought. I hereby state the information contained herein is true, correct, and complete to the best of my knowledge. I also acknowledge that this is only an application and is not approval for me to operate a business within the City of Belton, Missouri.
Please note: this application must be fully completed and legible before it will be processed.

_____ _____
Signature of Applicant (Managing Officer) Date

I, (applicant-print name) _____, being of lawful age, subscribe to the foregoing document and do hereby make solemn oath that the statements contained therein are true and complete according to the best of my knowledge, information, and belief. I am the person who is to be actively engaged in the actual control and management of the particular liquor establishment for which the permit is hereby sought.

_____ _____

Signature of Applicant (Managing Officer) Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ in the year _____.

My commission expires _____

(Notary Seal)

_____

Notary Public

Check List for Alcoholic Beverage Licensing

1. ☐ Application, completely and legibly filled out
2. ☐ A copy of the managing officer's driver's license
3. ☐ If the managing officer is not a US citizen, a copy of naturalization papers
4. ☐ A state criminal history background check from the Missouri Highway Patrol for the managing officer. Applications can be obtained by accessing the Highway Patrol's website at **www.mshp.dps.mo.gov** or by calling 573.751.1000.
5. ☐ A copy of the managing officer's Missouri voter registration card
6. ☐ A copy of the managing officer's previous year's personal property tax receipt OR letter of non-assessment

The investigation fee is $100. Cash or Check.
This is in addition to City applicable liquor license fees listed on page 1.