

**APPLICATION FOR LIQUOR LICENSE
CITY OF WEST PLAINS, MISSOURI**

A state liquor license will also be required:

Missouri Division of Alcohol Control
State Office Building, Room 536
149 Park Central Square
Springfield, MO 65806-1368

You will also need a City Business License.

I, _____, DBA _____

hereby apply to the City Council of the City of West Plains, Missouri, County of Howell, for the following type of liquor license:

- Liquor by Drink Tavern Beer & Wine 5%
 Distributor Resort/Sunday Sales Original Package

at the following address _____, West Plains, Missouri.

I understand that if any of the statements or answers made herein are untrue, the license applied for may be revoked or refused. Sunday Sales? YES NO

1. I am, and will continue to be throughout the term for which this license is sought, the OWNER or MANAGER of the business for which this license is sought.

My residential address is: _____

2. How long, immediately preceding this application, have you lived there? _____

3. Where was your place of birth? _____

4. Give the date of your birth: _____

5. Are you a citizen? Native Naturalized

6. If naturalized citizen, give location and court: _____

7. Are you a legal voter of the State of Missouri? _____

8. How long have you lived in the State of Missouri? _____

9. How long have you lived in the City? _____

10. Do you pay taxes in this County and City? _____

11. Have you ever been denied a liquor license? _____

If yes, give details:

12. Have you ever been arrested and convicted for anything relating to intoxicating liquor, drugs, gambling, immorality, fighting or peace disturbance? _____

13. Have you ever been convicted of the violation of an City Ordinance relating to intoxicating liquor, drugs, gambling, immorality, fighting or peace disturbance?

If yes, give details:

14. I hereby give my consent to a criminal background check to verify the above information.

Signature: _____

Application Date: _____

Date Approved by Council: _____

By: _____

Mayor Mike Topliff