



## Liquor License Application

New  Renewal

Business Name MO Retail Sales I.D. (8 digits)

Business Street Address City State Zip

Owner's Name Primary Phone Email Address

I, \_\_\_\_\_, am and will continue to be throughout the term of this license, the owner or manager of the above-named business, and am applying for the following type(s) of liquor license:

- |  |  |
|--|--|
| <input type="checkbox"/> Liquor By Drink (\$750 fee) | <input type="checkbox"/> Resort/Sunday Sales (\$750) |
| <input type="checkbox"/> Tavern (\$75)               | <input type="checkbox"/> Resort Only (\$450)         |
| <input type="checkbox"/> Beer & Wine 5% (\$75)       | <input type="checkbox"/> Sunday Sales Only (\$300)   |
| <input type="checkbox"/> Distributor (\$150)         | <input type="checkbox"/> Original Package (\$150)    |

### Personal Information

Residential Address City State Zip Years Lived There

Birthplace (City) State Zip Date of Birth

Driver's License # State Issued SSN (Last 4 digits) U.S. Citizen? (Yes/No/Naturalized)

- No  Yes In the past 3 years I have been denied a liquor license issued by any state.
- No  Yes In the past 3 years I have been convicted for an offense related to intoxicating liquor, drugs, gambling, immorality, fighting or peace disturbance.
- Yes I consent to a criminal background check to verify the above information.  
(MSHP Request for Criminal Record Check form attached)

