



**CITY OF MARYVILLE, MISSOURI**  
**Application for Alcoholic Beverage License**

**Application will not be accepted unless filled out completely.**  
**Complete one application for each owner and/or manager.**  
**An investigation fee of \$100.00 is due upon submittal.**

**1. Full Name of Applicant:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Applicant's Residential Address:** \_\_\_\_\_

**Applicant's Date of Birth:** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**If Naturalized Citizen - Date** \_\_\_\_\_ **Place of Naturalization** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **(Daytime)** \_\_\_\_\_ **(Evening)** \_\_\_\_\_

**Relation to Business** \_\_\_\_\_

**2. Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Other Persons Having Financial Interest or Mortgage in Real Estate or Business Operation of a Proposed Licensed Location:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Qualification of License:**       **Individual**               **Partnership**               **Corporation**

**Occupancy Capacity:** \_\_\_\_\_ **Zoning District** \_\_\_\_\_

**3. License(s) Applied For:**

- |   |   |
|---|---|
| <input type="checkbox"/> Liquor by Drink-\$450        | <input type="checkbox"/> Liquor by the Drink – Sunday-\$300 |
| <input type="checkbox"/> Original Package-\$150       | <input type="checkbox"/> Original Package – Sunday-\$300    |
| <input type="checkbox"/> Distribution of Liquor-\$375 | <input type="checkbox"/> 5% Beer by the Drink-\$75          |
| <input type="checkbox"/> C-O-L - \$90                 | <input type="checkbox"/> 5% Beer/Wine by the Drink-\$75     |

**4. Type of Business (Check one):**

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail Store	
<input type="checkbox"/> Private Club	<input type="checkbox"/> Golf Course/Club House	<input type="checkbox"/> Bowling Alley
<input type="checkbox"/> Night Club/Tavern	<input type="checkbox"/> Hotel In-Room Service	<input type="checkbox"/> Hotel Lounge

**5. If My Application Is Approved, I Certify :**  
(Please initial each of the following)

\_\_\_\_\_ **That I will abide by all requirements of the City of Maryville Code, law of the State of Missouri and regulations of the State Department of Revenue.**

\_\_\_\_\_ That the business in which I propose to sell alcoholic beverages to be consumed on the premises is not within 100 feet of any school, church, or any religious worship.

\_\_\_\_\_ That if a license, as applied for, is granted, I will allow my business premises to be open to inspections at any time by City Officials authorized to conduct inspections of business premises.

\_\_\_\_\_ This application is not being made by me as a subterfuge to secure a license from the City of Maryville for the benefit of any person other than those listed within the application.

\_\_\_\_\_ That should I fail to comply with the City of Maryville code, laws of the State of Missouri or regulations of the Department of Revenue, I understand that my license may be suspended and that no license fee paid shall be refundable.

\_\_\_\_\_ That if license for Malt Beverage or Wine Packed to Go is issued to me, I will sell only in the original, unbroken packaged and will not allow alcoholic beverages to be consumed on premises.

\_\_\_\_\_ That the building in which alcoholic beverages are to be sold has been completed according to the adopted building code of the City of Maryville and evidence of ownership or a copy of the lease to said premises is attached hereto.

\_\_\_\_\_ I have provided a complete description of plans and specifications in proposed place of business for retail license, which shall apply when application is for a new location or change specifications of previously established location.

\_\_\_\_\_ I have included with this application, all fees and documentation of current property tax and State Sales tax paid in full. NOTE: City utility bill for premise shall be current also.

\_\_\_\_\_ That I or any proposed employee have not been convicted for the violation of any law involving drug, alcoholic beverages, gambling, or tax law violations. If yes, please list the names, type of conviction, and job title below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If at current address less than three years, list previous addresses:

\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been convicted of any felony? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

8. List any Alcoholic Beverage Licenses currently or previously held in the past 5 years, include address and State:

\_\_\_\_\_  
\_\_\_\_\_

9. Have you had any administrative sanctions brought against you by any state regulatory agency regarding alcohol sales? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INITIAL**

\_\_\_\_\_ I have included with this application, all fees and documentation of current property tax and State Sales tax paid in full. A copy of the lease contract for the licensed premises is also attached (if applicable) NOTE: City utility bills for premise must be current, also.

\_\_\_\_\_ I have read, understood and will comply with all rules and regulations set forth in Ordinance No. 7003 (Available for viewing at City Hall or at [www.maryville.org](http://www.maryville.org)).

\_\_\_\_\_ Under oath I affirm that I comply with the Immigration and Nationality Act of 1952 (INA) as amended which provides in part: "Under the INA, employers may hire only persons who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired, which includes completing the [Employment Eligibility Verification Form \(I-9\)](http://www.uscis.gov/files/form/i-9.pdf)(<http://www.uscis.gov/files/form/i-9.pdf>). Employers must keep each I-9 on file for at least three years, or one year after employment ends, whichever is longer."

I further state that I comply with the provisions of 285.530, RSMo. which prohibits any business entity or employer from knowingly employing, hiring for employment or continuing to employ an unauthorized alien within the state of Missouri. Our company utilizes an electronic employment eligibility program verifying employment eligibility, through social security number review, of every potential employee and we retain verification reports received.

The undersigned applicant, having been duly sworn, states that the information contained herein is true and correct.

\_\_\_\_\_  
**Applicant** (signature MUST be notarized)

\_\_\_\_\_  
**Date**

Sworn and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Documents Received
Application _____
License Fee _____ Amt: _____ Ck # _____
No Tax Due Letter _____
Proof of Property Tax Paid: _____

\_\_\_\_\_  
**Notary Public**