



CITY OF MANCHESTER
APPLICATION FOR LIQUOR LICENSE
July 1, 2020 – June 30, 2021

INSTRUCTIONS: Read each question carefully and answer each question completely and correctly before you submit this application. For additional space, use the sheet provided at the end of this application. If a question does not apply to you, write N/A in the space, **do not leave any blank fields.** Submit all documents as requested below.
PLEASE PRINT CLEARLY.

◇ **AN APPLICANT IS NOT PERMITTED TO OPERATE UNTIL LICENSE IS ISSUED** ◇

THE FOLLOWING ITEMS ARE REQUIRED AND MUST BE SUBMITTED WITH THE ATTACHED COMPLETED APPLICATION:

- Valid picture identification (State of Missouri Drivers License)
- Proof of voter registration of the Managing Officer
- Current paid personal property tax receipt and paid real estate tax receipt, both from the appropriate county in Missouri for the Managing Officer. If the managing officer is leasing/renting, please include a copy of the current lease.
- Current paid personal property tax receipt of business
- Current paid real estate tax receipt for the property on which the business is situated
- If business is on leased property, a copy of the lease showing the name of the lessee, for new licenses only.
- Proof of amount of food sales (in the case of a restaurant or restaurant/bar)
- Posting of a \$2,000 surety bond issued by a surety company authorized to write such bonds
- Names, addresses, dates of birth, and social security numbers of all employees and officers
- Applicable license fee (**plus** a \$39 filing fee and background check fee for original license applications)
- Applicable license fee (**plus** a \$14 background check fee for renewal license applications)
- Copy of valid State of Missouri sales tax license
- “No Tax Due” letter or Exemption Letter from the Missouri Department of Revenue. You may visit <http://dor.mo.gov>, call 573-751-9268 or e-mail taxclearance@dor.mo.gov for this information.
- Letter of Good Standing from the Missouri Secretary of State’s Office

For all original liquor license applications and all changes in managing officers:

- Completed Missouri State Highway Patrol fingerprint card and background check or Manchester Police Department fingerprint card of managing officer

Missouri State Highway Patrol, 1510 East Elm, Jefferson City, MO has a facility for criminal records and background checks. Phone: 573-751-3313. The cost is expected to be \$20. The fingerprint processing can be done immediately, and the applicant can return with the fingerprint card to accompany the new/original liquor license application or application involving a change in managing officers. **OR**

Missouri Records Search in Jefferson City will also conduct fingerprint processing for approximately \$30. Contact Mary Casey at 573-635-0142. Records Search processing time has been fairly quick. When sending prints, they must be rolled prints and the card must be filled out completely. Mail to Missouri Record Search, P.O. Box 104242, Jefferson City, MO 65110. **OR**

For the Missouri Highway Patrol background check, you can register online for the fingerprint background check at machs.mo.gov. You will need to go to the “fingerprint portal” and put in the code 9999 and request a personal review. Once you have completed your registration process, you will see a map of 3M Cogent locations where you can go to be fingerprinted by “live scan”; there are a few locations in the St. Louis area. Your cost is anticipated to be \$28. Then, your fingerprints will be electronically transmitted to the Highway Patrol in Jefferson City and you will receive a mail response within 5 – 7 days with the results which you can include with your application to the City of Manchester for the liquor license.



LIQUOR LICENSE TYPES

PLEASE SELECT:

- \$750 Liquor license for the sale of intoxicating liquor and malt liquor by the drink in a restaurant/bar for consumption on the premises, *including* Sundays.
- \$650 Liquor license for the sale of intoxicating liquor by the drink in a resort for consumption on the premises.
- \$450 Liquor license for sale of intoxicating liquor by the drink in a restaurant/bar for consumption on the Premises, excluding Sundays.
- \$300 Liquor license for sale of intoxicating liquor by the drink in a microbrewery for consumption on the Premises, excluding Sundays.
- \$300 Liquor license for sale of intoxicating liquor by the drink at a microbrewery for consumption on the premises on Sundays.
- \$15 Liquor License for Caterers for the sale of intoxicating liquor by the drink for consumption on the premises and in the original package for consumption off the premises for Caterers who are furnishing provisions and services at a particular function, occasion or event other than in their licensed premises to sell.
- \$75 Liquor license for the sale of wine or malt liquor by the drink for consumption on the premises.
- \$300 Liquor license for the sale of wine or malt liquor by the drink for consumption on the premises on Sundays.
- \$75 Liquor license allowing consumption of liquor (building and hall rentals) on any premises operated by any person where food, beverages, or entertainment are sold or provided for compensation, but does not allow the sale of intoxicating liquor. This does not apply to facilities or properties of the City of Manchester.
- \$150 Liquor license for the sale of intoxicating liquor and malt liquor in the original package.
- \$300 An additional fee of three hundred dollars is required for the sale of intoxicating liquor in the original package on *Sundays*.
- \$300 Liquor license for Manufacture – Microbrewery (includes Sundays)
- \$37.50 Picnic License for the temporary sale of intoxicating liquor by the drink at a picnic, bazaar, fair, or similar gathering for certain organizations. (7 days maximum) This does not apply to facilities or properties of the City of Manchester.
- \$37.50 Wine Tasting Permit-for individuals licensed to sell packaged liquor (in compliance with 600.020 D. 2)

I. BUSINESS APPLYING FOR LICENSE:

A. BUSINESS NAME AND TYPE:

- Sole Owner
- Partnership
- Corporation
- Limited Liability Company

B. COMPLETE DESCRIPTION OF PREMISES WHERE LIQUOR WILL BE SOLD AND ADDRESS:
DESCRIPTION: _____

C. PHONE:

ADDRESS: _____

HOURS OF OPERATION: _____

II. MANAGING OFFICER:

A. NAME: (LAST) _____ (FIRST) _____ (MIDDLE INITIAL) _____

B. ADDRESS, CITY & ZIP CODE: _____

C. PHONE: _____

D. DATE OF BIRTH: _____

E. SOCIAL SECURITY NO: _____

F. BUSINESS PHONE: (IF DIFFERENT FROM ABOVE) _____

G. PREVIOUS ADDRESS: (IF NOT AT PRESENT ADDRESS FOR 5 YEARS OR MORE) _____

H. IF FOREIGN BORN, PLEASE STATE COUNTRY, PLACE AND STATE OF NATURALIZATION: _____

I. MISSOURI RESIDENT SINCE: (MONTH & YR) _____

J. PRECINCT: _____

K. TOWNSHIP: _____

L. COUNTY: _____

M. CURRENT BUSINESS OR OCCUPATION OF APPLICANT: _____

N. NAME OF CORPORATION, PARTNERSHIP OR ATHLETIC CLUB: _____

III. FOR PARTNERSHIP OR LIMITED PARTNERSHIP

NUMBER OF MEMBERS:

A. STATE NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH OF ALL PARTNERS: (USE PAGE 7 IF NECESSARY)

IV. FOR CORPORATION OR LIMITED LIABILITY COMPANY

NUMBER OF MEMBERS:

A. STATE NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH OF ALL OFFICERS, DIRECTORS AND STOCKHOLDERS OWNING 1% OR MORE INTEREST IN THE CORPORATION OR MEMBERS OF A LIMITED LIABILITY COMPANY. (USE PAGE 7 IF NECESSARY)

V. FOR ATHLETIC ASSOCIATION

NUMBER OF MEMBERS:

A. STATE NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH FOR ALL TRUSTEES (USE PAGE 7 IF NECESSARY)

VI. OTHER PERSONS

NUMBER OF MEMBERS:

A. LIST NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH FOR ALL OTHER PERSONS WHO HAVE AN INTEREST IN THE BUSINESS FOR WHICH LICENSE IS REQUESTED. (USE PAGE 7 IF NECESSARY.)

B. IN WHAT TYPE OF BUSINESS IS EACH OF THE LISTED PERSONS ENGAGED: (USE PAGE 7 IF NECESSARY)

VI. OTHER INFORMATION

A. HAS APPLICANT EVER BEEN ENGAGED IN THE MANUFACTURE, SALE OR DISTRIBUTION OF INTOXICATING LIQUOR?

YES NO (IF YES, EXPLAIN, SEE ITEM B)

B. EXPLAIN: (WHEN, WHERE?)

C. NATURE OF BUSINESS:

D. HAS APPLICANT EVER BEEN DENIED A LIQUOR LICENSE, OR HAD A LICENSE TO SELL LIQUOR REVOKED?

YES NO (IF YES, EXPLAIN, SEE ITEM E)

E. EXPLAIN (WHEN, WHERE?)

F. DOES APPLICANT HAVE ANY DIRECT OR INDIRECT INTEREST IN ANY BUSINESS OF ANY OTHER PERSON OR CORPORATION, OR OF ANY EMPLOYEE, OFFICER, AGENT, SUBSIDIARY OR AFFILIATE HEREOF, TO SELL INTOXICATING LIQUOR AT RETAIL, BY THE DRINK FOR CONSUMPTION ON THE PREMISES DESCRIBED IN ANY SUCH LICENSE?

YES NO (IF YES, EXPLAIN. USE PAGE 7 IF NECESSARY)

G. DOES APPLICANT, DIRECTLY OR THROUGH ANY EMPLOYEE, OFFICER, AGENT, SUBSIDIARY OR AFFILIATE, HAVE ANY **OTHER** LICENSE TO SELL INTOXICATING LIQUOR?

YES NO (IF YES, STATE NUMBER OF LICENSES, NAME AND LOCATION OF OTHER LICENSED PREMISES.)

EACH APPLICATION SUBMITTED BY AN ATHLETIC ASSOCIATION OR BUSINESS SHALL BE ACCOMPANIED BY A VERIFIED STATEMENT OF THE CHIEF OFFICER OF SUCH ASSOCIATION ACKNOWLEDGING THE RESPONSIBILITY OF SUCH ORGANIZATION FOR COMPLIANCE WITH THE ORDINANCES FO THE CITY OF MANCHESTER AND THE LAWS OF THE STATE OF MISSOURI REGULATING THE SALE OF INTOXICATING LIQUOR AND MALT LIQUOR, AND FURTHER ACKNOWLEDGES THE RESPONSIBILITY FOR COMPLIANCE WITH THE ORDINANCES OF THE CITY OF MANCHESTER AND THE LAWS OF THE STATE OF MISSOURI FOR ALL PERSONS NAMED ON THE EMPLOYEE LIST WHO WILL ENGAGE IN THE SALE OF INTOXICATING LIQUOR OR MALT LIQUOR.

APPLICANT AGREES TO COMPLY WITH THE PROVISIONS OF THE ORDINANCES OF THE CITY OF MANCHESTER, MISSOURI, RELATING TO THE REGULATION AND CONTROL OF THE MANUFACTURE, BREWING, SALE DISTRIBUTION AND DELIVERY OF INTOXICATING AND MALT LIQUOR.

H. NAME, ADDRESS, AND PHONE NUMBER OF THE BUILDING OWNER OR AGENT IN WHICH THE BUSINESS IS TO BE CONDUCTED:

I. IS THE EQUIPMENT:

- OWNED?
- LEASED?
- BORROWED?

J. IF LEASED OR BORROWED, FROM WHOM?

K. IS THERE A SCHOOL, CHURCH, PUBLIC PARK, OR PLAYGROUND IN THE VICINITY OF THE PROPOSED BUSINESS? YES NO
IF YES, STATE THE NAME AND APPROXIMATE DISTANCES:

VII. EMPLOYEE INFORMATION

INFORMATION ON ANY EMPLOYEE HIRED AFTER SUBMISSION OF THE ORIGINAL APPLICATION MUST BE FORWARDED TO THE CHIEF OF POLICE TO ASSURE COMPLIANCE WITH THE CODE OF ORDINANCES OF THE CITY OF MANCHESTER. (USE PAGE 7 IF NECESSARY OR AN ADDITIONAL SHEET OF PAPER.)

VIII. EMPLOYEE 1

A. NAME	B. ADDRESS		
C. CITY, STATE & ZIP CODE	D. PHONE NUMBER	E. DATE OF BIRTH	F. SOCIAL SECURITY #

IX. EMPLOYEE 2

A. NAME	B. ADDRESS		
C. CITY, STATE & ZIP CODE	D. PHONE NUMBER	E. DATE OF BIRTH	F. SOCIAL SECURITY #

X. EMPLOYEE 3

A. NAME	B. ADDRESS		
C. CITY, STATE & ZIP	D. PHONE NUMBER	E. DATE OF BIRTH	F. SOCIAL SECURITY #

XI. EMPLOYEE 4

A. NAME	B. ADDRESS		
C. CITY, STATE & ZIP	D. PHONE NUMBER	E. DATE OF BIRTH	F. SOCIAL SECURITY #

XII. EMPLOYEE 5

A. NAME	B. ADDRESS		
C. CITY, STATE & ZIP	D. PHONE NUMBER	E. DATE OF BIRTH	F. SOCIAL SECURITY #

XIII. EMPLOYEE 6

A. NAME	B. ADDRESS		
C. CITY, STATE & ZIP	D. PHONE NUMBER	E. DATE OF BIRTH	F. SOCIAL SECURITY #

XIV. HAS ANY EMPLOYEE EVER BEEN CONVICTED OR PLEAD GUILTY TO ANY FELONY OR MISDEMEANOR INVOLVING MORAL TURPITUDE, DRUG OR ALCOHOL RELATED OFFENSES? YES NO

IF YES, COMPLETE SECTION BELOW AND EXPLAIN USING PAGE 7.

A. EMPLOYEE NAME	B. DATE OF BIRTH	C. SOCIAL SECURITY NO.
D. WAS THERE A CONVICTION OR PLEA OF GUILT? <input type="checkbox"/> CONVICTION <input type="checkbox"/> PLEA OF GUILT	E. DATE OF ARREST OR PLEA	F. COURT
	G. NATURE OF CHARGE	H. STATE

A. EMPLOYEE NAME	B. DATE OF BIRTH	C. SOCIAL SECURITY NO.
D. WAS THERE A CONVICTION OR PLEA OF GUILT? <input type="checkbox"/> CONVICTION <input type="checkbox"/> PLEA OF GUILT	E. DATE OF ARREST OR PLEA	F. COURT
	G. NATURE OF CHARGE	H. STATE

XVI. FOOD & LIQUOR SALES VERIFICATION

NAME OF BUSINESS

ADDRESS

PHONE

THE FOLLOWING IS A TRUE AND ACCURATE BREAKDOWN OF FOOD AND ALCOHOL SALES FOR THE PAST YEAR ENDING WITH MARCH 2020.

MONTH & YEAR	ALCOHOL SALES	FOOD SALES	TOTAL SALES
APRIL 2019			
MAY 2019			
JUNE 2019			
JULY 2019			
AUGUST 2019			
SEPTEMBER 2019			
OCTOBER 2019			
NOVEMBER 2019			
DECEMBER 2019			
JANUARY 2020			
FEBRUARY 2020			
MARCH 2020			
TOTALS			

SIGNATURE

TITLE

DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENTAL USE ONLY

TOTAL FOOD

TOTAL SALES

PERCENTAGE

