



CITY OF MANCHESTER  
**APPLICATION FOR LIQUOR LICENSE**  
July 1, 2021 – June 30, 2022

**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 Driver's 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](mailto: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.
  - 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**
  - For the Missouri Highway Patrol background check, you can register online for the fingerprint background check at [machs.mo.gov](http://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 Class and Fee

Please Select

	Malt Liquor – Original Package	\$75.00
	Intoxicating Liquor (all kinds) – Original Package	\$150.00
	Malt Liquor – By Drink	\$0.00
	Malt Liquor and Light Wines – By Drink	\$0.00
	Intoxicating Liquor (All Kinds) – By Drink	\$0.00
	Common Eating and Drinking Places	\$0.00
	Manufacture – Microbrewery (Includes Sundays)	\$300.00
	Consumption of Liquor License – Permits Drinking or Consumption on Premises – Does Not Allow Liquor Sales	\$75.00

### Liquor License Sunday Sales Class and Fee

Please Select

	Package Liquor – Malt Liquor Only	\$75.00
	Intoxicating Liquor – Original Package	\$300.00
	Restaurant Bars	\$0.00
	Amusement Places	\$0.00
	Place of Entertainment, Restaurant	\$0.00
	Common Eating and Drinking Places	\$0.00
	Liquor by the Drink – Charitable Organizations	\$300.00
	Liquor by the Drink – Microbrewery	\$0.00

### Liquor Permits Class and Fee

Please Select

	Picnic License	\$37.50
	Tasting Permit	\$37.50
	Caterer’s License – By Drink and Original Package	\$15.00

**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:**

**C. PHONE:**

DESCRIPTION: \_\_\_\_\_

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

K. IF YES, STATE THE NAME AND APPROXIMATE DISTANCES:

L. IS THE APPLICANT INDEBTED TO ANY PERSON FOR MONEY OR PROPERTY, TO BE USED IN THE LICENSED BUSINESS? (IF YES, STATE AMOUNT OF INDEBTEDNESS AND TO WHOM IT IS OWED.)  <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT OWED: \$	NAME:
	ADDRESS, CITY & ZIP:	
	PHONE:	OCCUPATION:

**APPLICANT AGREES AND CONSENTS TO A RECORD CHECK BY THE CHIEF OF POLICE OF THE CITY OF MANCHESTER OR HIS AUTHORIZED REPRESENTATIVE.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT/MANAGING OFFICER

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DAY \_\_\_\_\_ OF \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

**WE THE UNDERSIGNED, HEREBY STATE, WE BELIEVE THE MANAGING OFFICER NAMED IN THIS APPLICATION TO BE A PERSON OF GOOD MORAL CHARACTER, A QUALIFIED LEGAL VOTER, A TAX PAYING CITIZEN OF THE MISSOURI COUNTY, TOWN OR VILLAGE WHERE HE OR SHE RESIDES, AND BELIEVES THAT HE OR SHE POSSESSES ALL OTHER QUALIFICATIONS REQUIRED BY LAW AS MANAGING OFFICER OF THE CORPORATION FOR WHICH THE LICENSE IS SOUGHT HEREUNDER, AND DO NOT KNOW ANY REASON WHY THE LICENSE SHOULD NOT BE GRANTED TO SAID CORPORATION OR INDIVIDUAL.**

\_\_\_\_\_  
INVESTIGATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
DATE

## 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 2021.

MONTH & YEAR	ALCOHOL SALES	FOOD SALES	TOTAL SALES
APRIL 2020			
MAY 2020			
JUNE 2020			
JULY 2020			
AUGUST 2020			
SEPTEMBER 2020			
OCTOBER 2020			
NOVEMBER 2020			
DECEMBER 2020			
JANUARY 2021			
FEBRUARY 2021			
MARCH 2021			
<b>TOTALS</b>			

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

**DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENTAL USE ONLY**

TOTAL FOOD	TOTAL SALES	PERCENTAGE

## XVII. ADDITIONAL INFORMATION

USE THIS SHEET FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE INFORMATION APPLIES.

PAGE	SECTION	LETTER	ADDITIONAL INFORMATION