**City of Flint Hill, Missouri**

**Application for Liquor License**

The undersigned, being an individual over the age of twenty-one years, submits the following Application for the grant of a liquor license from the City of Flint Hill, Missouri (“City”) for the Premises identified herein and, affirms and attests that the statements made on this Application are true and correct.

1. A liquor license issues for the Licensee which may be an individual or an organization. In the case of an Organization as Licensee, the Organization must identify an individual who will be responsible for maintaining compliance with the liquor license sought and provide other identifying information about the Organization. The Licensee must identify a person who is responsible for maintaining compliance with the City Ordinances and liquor license; that person is referred to herein as the “Responsible Person.” It is the conduct and character of this Responsible Person as well as that of the Licensee, in addition to operation at the Premises and Buildings during the term of the License, which must comply with the City Ordinances relating to the License.

 A. Name of Licensee:

 B. Identifying information of Licensee:

 (1) For an Individual (for example, a sole proprietorship):

 Name:

 Street Address:

 City, State and Zip Code:

 Home Telephone Number:

 Business Telephone Number:

 Cell Phone:

 Social Security Number:

The name, address and social security number of the Responsible Person if different from the Licensee:

(2) For an Organization, which is not a charitable, religious or other benevolent organization (for example, a company, a partnership, or a limited liability company):

 Name of Organization:

 Address:

 City, State and Zip Code:

 Business Telephone Number:

 Cell Phone:

 If applicable, the name and address of Registered Agent:

Attached to this Application is a copy of the Articles of Incorporation, Articles of Organization, Certificate of Authority of Foreign Corporation, or other applicable registration filings from the office of the Secretary of State of the State of Missouri.

The name, residence address and social security number of all principal officers of the Organization and registered agent of the Organization. “Principal officer,” as used herein, includes, a member of the Board of Directors, President, Vice-President, Treasurer, Secretary, Managing Agent, Managing Partner, Manager, Member, Partner, General Partner, Limited Partner, and other titles signifying any governing and operational authority and/or ownership for the Organization:

If, applicable, each Fictitious Name associated with the Organization is:

The name, address and social security number of the Responsible Person:

The names and addresses of each person who has a legal, equitable or beneficial ownership interest in the Organization of ten percent (10%) or more:

(3) For a charitable, religious or other benevolent organization, state the name, address and social security number of the Responsible Person:

2. Identity of Premises. A liquor license granted by the City authorizes the sale of alcoholic beverages only for a specific Premises and only for specific locations within or on the Premises, such as a Building or, in some cases, an area outside any Building. A “Building,” as used herein, is any structure for which a Building Permit was required under the City’s Ordinances and, for which any Occupancy Permit is required under the City’s Ordinances or the Ordinances, Law or Code of any other governmental entity having jurisdiction (for example, the Wentzville Fire Protection District).

A. The street address of the Premises:

B. The postal or street number or, as applicable, the location of each Building on the Premises for which the License is sought:

C. If the License shall be for the sale of alcoholic beverages at locations on the Premises other than the Buildings identified above, please describe the location on the Premises at which the sale of alcoholic beverages will occur:

D. Each Building at which a License for the sale of alcoholic beverages is sought has a current Occupancy Permit from each governmental authority having jurisdiction. Attached are copies of all Occupancy Permits required under the laws of any government authority having jurisdiction.

E. If a License is sought for an original package license, please state the type of business presently engaged in or in conjunction with which the license shall be used:

3. Qualifications of Licensee.

A. Responsible Person:

(1) Has the Responsible Person ever held a liquor license, under the authority of any liquor licensing entity, which license has been revoked?

If your answer was “Yes,” please provide detail regarding the revocation, including identifying the liquor licensing entity under which the license revoked was held:

(2) Is the Responsible Person delinquent in the payment of any real property tax, any tax levied by the City, any tax levied by the County of St. Charles, Missouri, nor any tax levied by the State of Missouri as of the date of this Application?

If your answer was “Yes,” please provide detail:

(3) Is the Responsible Person a registered voter of the County of St. Charles, Missouri?

(4) Is the Responsible Person in arrears for the payment of any City fee or charge?

If your answer was “Yes,” please provide detail:

(5) Is the Responsible Person is in violation of any City Ordinance?

If your answer was “Yes,” please provide detail:

(6) Has the Responsible Person ever been convicted of a felony?

If your answer was “Yes,” please provide detail:

(7) Has the Responsible Person has never been convicted of a violation of the provisions of any law applicable to the manufacture or sale of intoxicating liquor or non-intoxicating beer?

If your answer was “Yes,” please provide detail:

B. Licensee:

(1) Has the Licensee ever held a liquor license, under the authority of any liquor licensing entity, which license has been revoked?

If your answer was “Yes,” please provide detail regarding the revocation, including identifying the liquor licensing entity under which the license revoked was held:

(2) Is the Licensee delinquent in the payment of any real property tax, any tax levied by the City, any tax levied by the County of St. Charles, Missouri, nor any tax levied by the State of Missouri as of the date of this Application?

If your answer was “Yes,” please provide detail:

(3) Is the Licensee in arrears for the payment of any City fee or charge?

If your answer was “Yes,” please provide detail:

(4) Is the Licensee is in violation of any City Ordinance?

If your answer was “Yes,” please provide detail:

(5) Has the Licensee has ever been convicted of a felony?

If your answer was “Yes,” please provide detail:

(6) Does the Licensee currently employ any individual who has been convicted of a violation of the provisions of any law applicable to the manufacture or sale of intoxicating liquor or non-intoxicating beer?

If your answer was “Yes,” please provide detail:

4. Attached to this Application is a recent photograph of the Responsible Person.

5. Attached to this Application is a recent photograph of the Premises licensed and each Building at which the license shall apply.

6. Listed below are the names and residence addresses of all persons who will have management and/or supervisory control over the Premises for which a License is sought.

7. Listed below are five (5) persons, their names and contact information, who have known the Responsible Person and/or the Licensee. Each person listed has known the Responsible Person and/or the Licensee for at least five (5) years and has some familiarity with any past liquor operations by the Responsible Person and/or the Licensee.

 (1)

 (2)

 (3)

 (4)

 (5)

8. Listed below are the names of organizations and persons who have supplied at any time within the last six (6) months, currently supply, or are under agreement to supply in the future, any coin-operated vending or amusement devices used or to be used at the Premises:

9. Attached hereto or, as applicable, to be submitted before the Board of Aldermen Meeting at which this Application is considered, are true and correct copies of the liquor license issued by the State and the County of St. Charles, Missouri.

10. The License applied for herein is (check all that apply):

 A License to sell intoxicating liquor, malt-liquor and non-intoxicating beer for sale by the drink for a term of one year (this License permits the sale of intoxicating liquor, malt-liquor and non-intoxicating beer by the drink during the hours of 6:00 A.M. to 1:30 A.M., Monday through Saturday).

 A License to sell intoxicating liquor, malt-liquor and non-intoxicating beer for sale in the original package for a term of one year.

 A License to sell intoxicating liquor, malt-liquor and non-intoxicating beer for sale by the drink and/or in the original package on Sundays between the hours of 9:00 a.m. and Midnight and for a term of one year.

 A temporary License to sell intoxicating liquor, malt-liquor and non-intoxicating beer at a picnic, bazaar, fair or other similar gathering for the term of such picnic, bazaar, fair or other similar gathering and the days for which the License is sought and the days are:

 .

11. Submitted with this Application is the fee as set by the City for the License applied for herein.

12. The undersigned has reviewed the current Ordinances of the City regulating the sale of alcoholic beverages within the City.

The undersigned, being first duly sworn upon his or her oath, states that the information provided above is true and correct to the best of the undersigned’s knowledge, information and belief and that the undersigned is authorized by the Licensee first-listed above to provide the information stated above.

Signature:

NAME:

Position with or Relationship to Licensee:

STATE OF MISSOURI )

 ) SS.

COUNTY OF ST. CHARLES )

On this day of , , before me, a Notary Public in and for said state, personally appeared , known to be to be the person who executed this document and acknowledged to me that s/he executed the same for the purposes therein stated, and that the matters and things contained therein are true and correct according to the person’s best knowledge, information and belief.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

 Notary Public

My Commission Expires: