VILLAGE OF CLAYCOMO

115 EAST US 69 HWY

CLAYCOMO, MO 64119

PH: 816-452-5539 FAX:816-453-1852

**APPLICATION FOR CLAYCOMO LIQUOR LICENSE**

**2021**

Name of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this business paid all Village business and real estate taxes? \_\_\_\_\_\_\_\_\_\_\_\_

Has this business paid for a business license in the Village? \_\_\_\_\_\_\_\_\_\_\_\_

Does this business have a valid state liquor license? \_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please attach a copy to this application

Names and Addresses of all applicants or members of the partnership and residential addresses of all partners or any persons who have a financial interest in any such partnership; if the application is on behalf of a corporation, the date of incorporation, the amount of paid-in capital, the amount of authorized capital, the names and addresses of all stockholders who hold a ten percent (10%) or more capital stock:

Name Address Amount of Capital

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Place of Birth of the Applicant(s):

Name Place of Birth

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Is the applicant(s) a naturalized citizen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide date and place of naturalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List names and business address of the applicant’s employers for a period of five (5) years prior to the application:

Business Name Business Address

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

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Has the applicant(s) been convicted of a felony? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is this location within three hundred (300) feet of a school or church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am applying for the following (**check all that apply**):

( ) Temporary Caterer’s Permit $10.00

( ) Malt Liquor (by the drink) $52.50

( ) Malt Liquor (original package) $22.50

( ) Non-Intoxicating Beer Sales (by the drink) $37.50

( ) Non-Intoxicating Beer (original package) $22.50

( ) Full Original Package Sales $75.00

( ) Sunday Liquor Sales $25.00

( ) Restaurant Bar License $52.00

**TOTAL $\_ \_\_**

Applicants will not violate the code of ordinances for the Village of Claycomo.

Provide a comprehensive and informative statement to disclose true ownership and management of the business and any further reasonable information required by the Board of Trustees. \*\*Please attach to this application

Application for a license under this article shall be made by the individual who is to be actively engaged in the actual control and management of the particular alcoholic beverage establishment for which such license is sought.

The licensee, upon request of the village, shall file a supplemental report within fifteen (15) days of any loan made to the licensee of money or credit relating directly to the licensed business.

It shall be unlawful for any person to obtain a license to make any materially false statements in the application for such license.

It shall be unlawful for any person to fail to make a complete disclosure of all pertinent and material information in the application for a license.

I certify that I have read all terms of the Village of Claycomo liquor license process and code of ordinance regarding the liquor licensing, and I agree to abide by the requirements set forth in this packet.

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

Applicant’s Name (Please Print)

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

Signature of Applicant Date

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

Village Representative Date

**APPLICATION DUE BY DECEMBER 31, 2021 OR TIME OF NEW ESTABLISHMENT**