



# City of Riverside, MO Liquor License Application

I hereby make application to sell beverages for one of the following types of licenses as a solo owner\_\_\_\_\_, a partnership\_\_\_\_\_, a corporation\_\_\_\_\_, LLC \_\_\_\_\_.

- \_\_\_\_\_ Not-For-Profit (Temporary)
- \_\_\_\_\_ Social Hall License
- \_\_\_\_\_ All Inclusive License (Except Sunday)
- \_\_\_\_\_ Package Liquor License
- \_\_\_\_\_ Packing Liquor License (Sunday)
- \_\_\_\_\_ Beer License
- \_\_\_\_\_ Sunday Sales License
- \_\_\_\_\_ Wholesale and Distributor's License
- \_\_\_\_\_ Tasting
- \_\_\_\_\_ Resort License

### **Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ Place of Birth: \_\_\_\_\_

If naturalized, give date and place of naturalization: \_\_\_\_\_

Partnership Name: \_\_\_\_\_ Corporation Name: \_\_\_\_\_

### **Please Answer the Following Questions.**

1. Have you ever been convicted of a felony? If so, please explain.

\_\_\_\_\_

2. Give the names and business addresses of all employers for the past five years. If you were self-employed, state the nature of the business and location.

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3. Have you ever been the holder of any liquor permit to manufacture or sell alcoholic beverages which was revoked? If so, please explain.

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4. Are you, or any member of your household or immediate family, interested directly or indirectly in any other permit issued by the city liquor commission which is now in force? If so, please give details.

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5. Is the proposed location within 300 feet of a church?\_\_\_\_\_

6. What type of business is the permit to be used for?\_\_\_\_\_

7. Do you rent or lease the premises for which this business is to be used?

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8. Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the ordinances of Riverside, Missouri, and the laws of the State of Missouri; and do you consent to the introduction of evidence of such articles in any proceedings for the violation of any provision of the revised liquor control ordinance of Riverside, Missouri, and/or for the suspension or revocation of the permit which this application is made; and do you promise and agree not to violate any of the ordinances of Riverside, Missouri, the laws of the State of Missouri or the United States in the conduct of the business for which this permit is sought?\_\_\_\_\_

9. Attach a complete description of the plans, specifications and fixtures in the applicant's proposed place of business. (This subparagraph is applicable only to a new location or change in plans or specifications within a previously established location.) If application is also for a Sunday Sales License then affix a certification by a certified public accountant showing that at least 50% of the gross income of the restaurant-bar was derived from the sale of prepared meals and food consumed on the premises in conformity with the Department of Liquor Control, State of Missouri, regulation 70-2.120 (9), issued 1978

**If the Business is Owned by a Corporation, Complete this Section**

Name of Corporation: \_\_\_\_\_

State in which incorporated: \_\_\_\_\_ Date incorporated: \_\_\_\_\_

Amount of paid-in capital: \_\_\_\_\_ Authorized Capital: \_\_\_\_\_

Name of managing agent for corporation: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Names and Addresses of all stockholders who hold 10% or more of capital

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

Names and Addresses of President, Vice President, Secretary and Treasurer of the Corporation:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

1. Is the corporation or any stockholder of the managing officer thereof, any member of his household or immediate family interested directly in any other permit issued by the city liquor commission? If so, please give details.

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

2. Has the corporation or any stockholder or the managing officer thereof, any member of his household or immediate family, at any time in the past held a permit issued by the city liquor commission? If so, give the name and location of such permits.

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

3. Has any stockholder of the corporation or the managing officer ever been employed by any person, partnership or corporation that had a permit revoked or suspended by the city liquor commission? If so, please explain

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

4. State the name and residence of each person, firm or corporation, if other than the corporation and its stockholders, interested or to become interested, directly or indirectly, other than hereinafter set out, in the business for which a permit is sought and the nature of such interest.

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

5. Is this application being made by the corporation as a subterfuge to any person other than yourself to obtain a permit from the city liquor commission, in your name for his benefit? \_\_\_\_\_

6. Attach a complete description of the plans, specifications and fixtures in the applicant's proposed place of business. (This subparagraph is applicable only to a new location or change in plans or specifications within a previously established location.) If application is also for a Sunday Sales License then affix a certification from a certified public accountant showing that at least 50% of the gross income of the restaurant-bar was derived from the sale of prepared meals and food consumed on the premises in conformity with the Department of Liquor Control, State of Missouri, Regulation 70-2.120 (9), issued n1978.

I, or we, (Please Print) \_\_\_\_\_  
being of lawful age and duly sworn upon my/our oath do swear that the answers and information given in this application are true to the best of my/our knowledge and belief. I authorize the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

STATE OF MISSOURI     )  
COUNTY OF \_\_\_\_\_ ) SS.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_