



**APPLICATION FOR COUNTY LIQUOR LICENSE:**

**UNINCORPORATED COUNTY FOR SALES BY DRINK**

\_\_\_\_\_ (effective date or new license date)

\_\_\_\_\_ (today's date)

TO THE HONORABLE COUNTY COUNCIL OF ST. CHARLES COUNTY, MISSOURI:

Name of Managing Officer: \_\_\_\_\_

D/B/A (name of business): \_\_\_\_\_

Type of business (i.e. corporation, partnership, sole ownership) \_\_\_\_\_

Business address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Hours of business: \_\_\_\_\_ Description of business: \_\_\_\_\_

Have you or any registered agent of the business ever been arrested, charged, indicted or convicted of any federal law, law of the State of Missouri, or any other state or city or county ordinances involving moral turpitude or any violation of law regulating control or prohibiting the sale of intoxicating liquor? **Yes/No If yes, please explain:**

\_\_\_\_\_

The undersigned hereby makes application for a license to be granted by the County Registrar of the aforesaid County for the sale of: (See Schedule of Pro-Rated Fees if applicable)

Type of License \_\_\_\_\_ Fee \$ \_\_\_\_\_

Type of License \_\_\_\_\_ Fee \$ \_\_\_\_\_

Type of License \_\_\_\_\_ Fee \$ \_\_\_\_\_

**Unincorporated filing fee \$30.00 (for RBD, COL, BDW, BD, MWBD)** \$ \_\_\_\_\_

**Unincorporated Sunday filing fee \$7.50 (for SBD, SBDW)** \$ \_\_\_\_\_

**County Registrar fee for Registrar Certification (add \$3 fee, in-person only)** \$ \_\_\_\_\_

**I hereby tender the sum of as payment of the filing fee (s) and license fee (s) required by this application.**

**Total \$ \_\_\_\_\_**

I, hereby certify that I am a qualified legal voter and taxpaying citizen of the State of Missouri and of good moral character and that I have not been convicted since the ratification of the 21st amendment to the Constitution of the United States of a violation of the provisions of any law of the State of Missouri relating to the manufacture or sale of intoxication or non-intoxication liquor, or has any license for the sale of intoxicating or non-intoxication liquor heretofore issued to me been revoked, nor do I employ any person who has been convicted of such violations or whose license has been so revoked; that I am able to furnish bond to the State of Missouri in the sum required by law for the performance of my duties as such licensed

seller of intoxicating or non-intoxicating liquor. That no distiller, wholesaler, winemaker or brewer or the employee, officer or agent of such, has directly or indirectly furnished me with financial aid, money or credit except ordinary commercial credit for the transaction of my business or is directly or indirectly financially interested in said business.

It is expressly understood and agreed by me that any license issued hereunder shall not be effective until I shall have applied for and been granted a license by the Supervisor of Liquor Control of the State of Missouri and shall have applied for and been granted a license by the above mentioned city, if such license be required by ordinance. It is also expressly understood and agreed that the license theretofore granted to me by the County Council may be revoked by said Council at any time upon proper showing of any violation by me or my employees of any law of the State of Missouri or of any regulation, ordinance or rule of aforesaid City concerning said business of selling intoxicating or non-intoxicating liquors and upon revocation thereof I shall not be entitled to the refund in whole or in part of the fee paid for this license.

\_\_\_\_\_  
**Signature of Owner or Managing Officer**

\_\_\_\_\_  
**Phone Number/Email contact**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
**Notary Public or Registrar Certification**  
(For Registrar Certification, add \$3 fee, in-person only)

**PARTNERSHIP**

(A) List all partners; if additional space is required, please request additional listings form:

1. \_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Title

\_\_\_\_\_

Street Address                      City                      State                      Zip                      Phone #

2. \_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Title

\_\_\_\_\_

Street Address                      City                      State                      Zip                      Phone #

**CORPORATIONS**

(A) State of Incorporation: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_  
Address of principal office: \_\_\_\_\_

(B) List Registered Agents and Corporate Officers (if additional space is required, please request additional listings form); include number of shares in the corporation owned by each and the percentage those shares bear to the total outstanding shares of the corporation:

1. \_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Title

\_\_\_\_\_

Street Address                      City                      State                      Zip                      Phone #

Number of shares owned: \_\_\_\_\_ Percentage: \_\_\_\_\_

**CORPORATIONS cont:**

2. \_\_\_\_\_

First Name	Middle Initial	Last Name	Title		
Street Address		City	State	Zip	Phone #

Number of shares owned: \_\_\_\_\_ Percentage: \_\_\_\_\_

(C) List names and addresses of ten principle stockholders of the corporation (if applicable; provide an additional sheet if needed):

1. \_\_\_\_\_

First Name	Middle Initial	Last Name	Title		
Street Address		City	State	Zip	Phone #

2. \_\_\_\_\_

First Name	Middle Initial	Last Name	Title		
Street Address		City	State	Zip	Phone #

3. \_\_\_\_\_

First Name	Middle Initial	Last Name	Title		
Street Address		City	State	Zip	Phone #

4. \_\_\_\_\_

First Name	Middle Initial	Last Name	Title		
Street Address		City	State	Zip	Phone #

5. \_\_\_\_\_

First Name	Middle Initial	Last Name	Title		
Street Address		City	State	Zip	Phone #

6. \_\_\_\_\_

First Name	Middle Initial	Last Name	Title		
Street Address		City	State	Zip	Phone #

(D) List the names and addresses of each stockholder owning one percent or more of the total outstanding shares of the corporation:

1. \_\_\_\_\_

First Name	Middle Initial	Last Name	Title		
Street Address		City	State	Zip	Phone #

2. \_\_\_\_\_

First Name	Middle Initial	Last Name	Title		
Street Address		City	State	Zip	Phone #