

CITY OF ODESSA, MISSOURI

LIQUOR LICENSE APPLICATION



PO Box 128 – 125 S 2nd Street

Odessa, Missouri 64076

email: peggy.eoff@cityofodessamo.com

Phone: (816) 230-5577

Fax: (816) 633-4985

General Information

1. All Business Licenses are subject to Licensee's compliance with all Zoning requirements
2. A Separate Liquor License is required in addition to a regular Business License
3. Applicant personal information MUST be completed for each of the following: Owner, Co-Owner, Partner or LLC Member, Managing Officer, Corporation Member, and Resident Local Manager.
4. Applicants MUST have ALL City and County Personal and Real Estate Taxes paid prior to approval. Proof must be provided with the Liquor License Application.
5. Applicant MUST be Registered Voters prior to approval. Proof must be provided with the Liquor License Application.
6. Applicant MUST provide copies of their State of Missouri Liquor License with the Liquor License Application.
7. Each Applicant MUST submit fingerprints with Liquor License Application. Applicant shall pay all associated fees. The procedure to get fingerprints can be found at the Missouri Automated Criminal History Site (MACHS) Fingerprint Portal www.machs.mo.gov. When prompted, the City's unique 4 digit registration number is 5405.
8. Upon completion of the Liquor License Application, the application will be forwarded to the Chief of Police who shall conduct an immediate investigation of the statements contained in the application and file a written report of the findings with the City Clerk.
9. Assistance in obtaining the State of Missouri Liquor License can be obtained by contacting Missouri Division of Liquor Control, 615 E 13th Street, Room 506, Kansas City, MO 64106 at (816) 889-2574 or www.atc.dps.mo.gov.
10. Assistance in obtaining the Lafayette County Liquor License can be obtained by contacting the Lafayette County Clerk's Office, 1001 Main Street, Lexington, MO 64067 at (660) 259-4315 or www.lafayettecountymo.com.
11. Once approved, you may obtain from the City Collector, upon payment of the appropriate license fees, your City of Odessa Liquor License.
12. All three Liquor Licenses MUST be obtained prior to business operation and SHALL be kept conspicuously posted on the premises.

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P.O. Box 128 - 125 South Second Street
Odessa, Missouri 64076
e-mail address: CityHall@cityofodessamo.com
Phone: (816) 230-5577 FAX: (816) 633-4985

Date of Application: _____ Date Application Received: _____

Trade Name of Establishment: _____

Mailing Address: _____

Applicant Name: _____
(as it is to appear on License, if Corporation, name of Corporation and Managing Officer)

ITEM	LICENSE DESCRIPTION
1 <input type="checkbox"/>	CIGAR AND TOBACCO STORE Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold
2 <input type="checkbox"/>	CIGAR AND TOBACCO STORE - INCLUDES SUNDAY SALES Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold, includes Sunday Sales
3 <input type="checkbox"/>	CONFECTIONERY AND/OR DELICATESSEN (CONVENIENCE) STORE Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold
4 <input type="checkbox"/>	CONFECTIONERY AND/OR DELICATESSEN (CONVENIENCE) STORE - INCLUDES SUNDAY SALES Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold, includes Sunday Sales
5 <input type="checkbox"/>	DRUG STORE Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold
6 <input type="checkbox"/>	DRUG STORE - INCLUDES SUNDAY SALES Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold, includes Sunday Sales
7 <input type="checkbox"/>	GENERAL MERCHANDISE STORE Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold
8 <input type="checkbox"/>	GENERAL MERCHANDISE STORE - INCLUDES SUNDAY SALES Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold, includes Sunday Sales
9 <input type="checkbox"/>	GROCERY STORE Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold
10 <input type="checkbox"/>	GROCERY STORE - INCLUDES SUNDAY SALES Retail sales of intoxicating liquor and malt liquor (5% beer) in the original package not to be consumed or opened on premises where sold, includes Sunday Sales
11 <input type="checkbox"/>	RESTAURANT BAR (RESORT) Retail sales of intoxicating liquor and malt liquor (5% beer) to be consumed on the premises where sold
12 <input type="checkbox"/>	RESTAURANT BAR (RESORT) - INCLUDES SUNDAY SALES Retail sales of intoxicating liquor and malt liquor (5% beer) to be consumed on the premises where sold, includes Sunday Sales
13 <input type="checkbox"/>	TAVERN Retail sales of malt liquor (5% beer) or light wines to be consumed on the premises where sold and for the sale of malt liquor in the original package not to be consumed or opened on the premises where sold

LOCATION INFORMATION:

(1) Trade Name/Corporation/LLC Name of Premises for Which License is Sought:

(2) EXACT Location of Premises: _____

(3) Phone #: _____ Do You Have a Current City Business License? Yes No

(4) What is the distance in feet, measured in a straight line, from the nearest point of the above described premises location to the nearest point of the premises of the nearest school, church, or other building regularly used as a place of religious worship? _____

(5) Are the Premises Occupied in Whole or in Part as a Dwelling? Yes No

(6) Are the Premises Location within the Proper Odessa Zoning District? Yes No

(7) Are Entire Premises Arranged so All Parts Where Customers are Served Open to Public View? Yes No

(8) Are Premises Occupied and Operated Mainly as a Drug Store, Cigar and Tobacco Store, Grocery Store, General Store, Confectionery and/or Delicatessen Store? Yes No

(9) Have You a Stock of Merchandise Amounting to \$1,000.00 or More, Exclusive of Fixtures and Intoxicating Liquors? Yes No

(10) Give Dimensions of All Areas in Which Intoxicating Liquors will be Served or Dispensed: _____

(11) Seating Capacity of Above Defined Areas: _____

(12) If Application is for Liquor by the Drink, Have You Furniture/Equipment Within Premises to be Licensed of a Value of \$5,000.00 or More? Yes No

(13) If Application is for Sunday Sales, are State Qualifications Met? Yes No

(14) If the Application is for a Restaurant Bar (Resort), Have the Premises been Inspected and Accepted by the Lafayette County Health Department? Yes No

PERSONAL INFORMATION:

APPLICATION OF: Owner Co-Owner Managing Officer Corporation Member
 Partner or LLC Member Resident Local Manager

[If Owner is Not the Managing Officer of the Establishment, Please Indicate Co-Owner or Managing Officer and Complete this Page for Each Co-Owner, Managing Officer, Partner or Limited Liability Company Member, Corporation Member, and Resident Local Manger]

(1) Name: _____ Sex: _____ Social Security No: _____

(2) Date of Birth: _____ Place of Birth: _____

(3) Are You a U.S. Citizen? Yes No

If a Naturalized Citizen, Give Country of Birth: _____

Date and Number of Papers Granting Final Citizenship: _____

(4) Current Address: _____

(5) Mailing Address: _____

(6) Have You ever been arrested, charged with, indicted for, or convicted of a violation of any Federal Law, State Law, or City Ordinance relating to Firearms, Gambling, Immorality, Fighting, Narcotics, Peace Disturbance, Intoxicating Liquor, or Non-Intoxicating Beer? Yes No If Yes, give details to include Date, City, and Final Disposition of Case: _____

(7) Have You ever made Application for a Liquor License that was denied by the State of Missouri or the City of Odessa? Yes No If Yes, give details: _____

(8) Have You ever held a Liquor License that was Suspended or Revoked by the State of Missouri or the City of Odessa? Yes No If Yes, give details: _____

(9) Have You ever been employed by a business with a Liquor License that was Suspended or Revoked by the State of Missouri or the City of Odessa? Yes No If Yes, give details: _____

(10) In what City and County do You pay taxes? _____
[Attach copies of paid Property Taxes for Each]

In what Precinct are You registered to Vote? _____
[Attach copies of Voter Registration Cards for Each]

NOTARY ATTESTATION:

STATE OF _____ }
 } ss
County of _____ }

The applicant understands that false answers made herein may result in the Board of Aldermen of the City of Odessa denying this liquor license application. The applicant agrees that if any statements or answers made herein are untrue and the liquor license herein applied for has been previously granted, such liquor license may be revoked or suspended by the Board of Aldermen of the City of Odessa.

The applicant further understands that any liquor license granted by the Board of Aldermen of the City of Odessa will be subject to the current provisions of the Code of Ordinances of the City of Odessa and failure to conform thereto will subject the liquor license to suspension or revocation by the Board of Aldermen.

The applicant further agrees to allow inspections made in accordance with the Code of Ordinances of the City of Odessa and it authorizes the Chief of Police or his duly appointed agents to examine and secure copies of any business records or documents established in connection with this business including, but not limited to, those with my bookkeeper.

I, of lawful age, being first duly sworn, state that I have read this Application for Liquor License and fully understand the same and that I know the contents thereof and the answers and statements contained herein and the same are true.

I, the undersigned, hereby apply to the Board of Aldermen of the City of Odessa for the Liquor License and upon the Premises described herein, and for the purpose of inducing the Board of Aldermen to issue me said Liquor License.

I make the statements and answers herein and I am, and will continue to be throughout the term for which this Liquor License is sought, the Owner, Co-Owner, Partner or LLC Member, Corporation Member, Managing Officer, or Resident Local Manger of the business for which this Liquor License is sought.

I further promise and agree not to violate any of the Ordinances of the City of Odessa, or the Laws of the State of Missouri, or the Laws of the United States of America, in the conduct for which this Liquor License is hereby sought.

[Applicant's Signature]

[Printed Name]

Subscribed and sworn to before me on this _____ day of _____ 20_____

[Notary Public]