



City of Willow Springs
900 W. Main
P.O. Box 190
Willow Springs, MO 65793
Phone: (417) 469-2107
Fax: (417) 469-4789

INSTRUCTIONS FOR LIQUOR LICENSE APPLICATION

Applicants must submit and complete the following:

1. Liquor License Application, completed in full, and check for applicable fees (see fee schedule)
2. If business is a corporation, please supply the names and addresses of:
(1) Registered Agent; (2) Officers of the Corporation; and (3) Directors of the Corporation
3. Copy of Applicant's Personal Property Tax payment receipt for the City and County in which the Applicant resides
4. Copy of Applicant's voter registration for the County in which the Applicant resides
5. Copy of Applicant's Driver's License
6. Copy of the State Liquor License
7. Sign in the presence of a Notary Public

APPROVAL OF NEW LICENSE - License requests are submitted to the City Clerk's office.

RENEWAL LICENSES – Renewal forms will be mailed to license holders in April of each year and must be returned to the City Clerk's office no later than June 15 each year.

CHANGE OF STATUS - Applicant is required to notify the City of any change of management or ownership or other pertinent information as soon as possible.

EXPIRATION DATE - All liquor licenses expire June 30 of each year.

**If you have any questions, contact the City Clerk by telephone at 417-469-2107,
or by email at htooley@willowspringsmo.com**



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APPLICATION FOR LIQUOR LICENSE

NEW APPLICATION ()

RENEWAL ()

TYPE OF LICENSE REQUESTED:

- () Malt Liquor – Original Package, \$75.00
- () Non-Intoxicating Beer – Original Package, \$75.00
- () Intoxicating Liquor (all kinds) – Original Package, \$100.00
- () Malt Liquor – By the Drink, \$75.00
- () Malt Liquor and Light Wines – By the Drink, \$75.00
- () Non-Intoxicating Beer – By the Drink, \$50.00
- () Intoxicating Liquor (all kinds) – By the Drink, \$300.00

Sunday Sales (additional fees):

- () Non-Intoxicating Beer – Original Package, \$300.00
- () Intoxicating Liquor – Original Package, \$300.00
- () Restaurant Bars, \$300.00
- () Amusement Places, \$300.00
- () Liquor by the Drink – Charitable Org., \$300.00

Permits:

- () Temp. Permit – By the Drink (7 days max.), \$37.50
- () Tasting Permit, \$37.50
- () Caterers, \$37.50

Name of Managing Officer (Applicant): _____

Applicant's Home Address:

STREET CITY/STATE ZIP

Applicant's Phone: _____ **Applicant's Date of Birth:** _____

Social Security #: _____ **Drivers Lic. #** _____

Personal Property Taxes Year 20 _____ **Paid:** YES () NO ()

(Attach most recent copy)

Registered Voter? YES () NO ()

(Attach a Voter Registration Certificate)

Name of Company:

Business is owned by: INDIVIDUAL (); PARTNERSHIP (); CORPORATION ()

Business Physical Address:

STREET CITY/STATE ZIP

Business Mailing Address (if different):

STREET CITY/STATE ZIP

Business Telephone: _____

Name and Address(es) of Business Owner(s) if different than Applicant:

Citizen of U.S.A.? YES () NO ()

If Not Naturalized, Give Number: _____ Dist. _____

Have you ever been arrested? _____ **What Charge?** _____

Where? _____

Have you ever been convicted of a felony? YES () NO ()

Have you previously held a liquor license of any type? YES () NO ()
If so, When and Where?

Have you ever had a liquor license suspended or revoked? YES () NO ()

Have you ever been convicted of any violation of a federal law, state statute or local ordinance relating to intoxicating liquor? YES () NO ()
If so, give details:

Has the location previously been occupied as a liquor establishment, liquor store or tavern? YES () NO ()
If so, state name:

Is the location within 300 feet of property used for church, school or public playground? YES () NO ()

The applicant has read this application and fully understands, that said license will be subject to all of the ordinances of the City pertaining to the operation of said business and agrees that he will abide by all lawful ordinances, regulations and rules adopted by the City relating to the conduct of said business, that he is in all respect qualified in law to receive such license, and that the answers and statements set out in the above application are true. It is understood and agreed that the license when and if issued shall be subject to revocation for cause by the Board of Aldermen and when and if lawfully revoked the City shall in no event return any part of the license fee paid for such license and such license fee shall be forfeited to the City.

Signature of Applicant

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(Please Note: Application Must Be Notarized)

STATE OF _____)
) SS
COUNTY OF _____)

COMES NOW _____ (Applicant) of lawful age, being first duly sworn upon oath, and states that he/she has read the foregoing Application and fully understands the same, and that the answers and statements given by him/her are true and correct.

FURTHER, Applicant agrees to comply with the provisions of the Ordinances of the City of Willow Springs, Missouri relating to the sale and distribution of liquor.

Notary Public

(seal)

My Commission Expires: _____

*****FOR OFFICIAL USE ONLY*****

Copy of Drivers License: _____

Date Received by City Clerk _____

Copy of Voters Registration: _____

License Fee Amount: \$ _____

Copy of Personal Property Tax: _____

Date of Approval _____

Copy of Naturalized Citizen: _____

Payment Included: _____

Application Notarized: _____

Copy of State Liquor License _____