



**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:**

- Liquor License Application, completed in full and signed in the presence of a Notary Public
- Payment for the appropriate fees as selected on the first page
- Copy of Applicant's Personal Property Tax payment receipt for the City and County in which the Applicant resides
- Copy of Applicant's voter registration for the County in which the Applicant resides
- Copy of Applicant's Driver's License
- Copy of the State Liquor License for the licensing period of which you are applying

If business is a corporation, please supply the names and addresses of:

- Registered Agent; (2) Officers of the Corporation; and (3) Directors of the Corporation

*Any incomplete applications or missing documentation will result in an automatic denial.*

- 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 March of each year and must be returned to the City Clerk's office no later than May 1 each year. (See Section 600.050 of the Municipal Ordinances and Section 311.240 RSMo of the Missouri State Statutes.)
- 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](mailto:htooley@willowspringsmo.com)***



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**APPLICATION FOR LIQUOR LICENSE**

NEW APPLICATION ( )

RENEWAL ( )

**TYPE OF LICENSE REQUESTED:**

- ( ) Malt Liquor – original package, \$75.00
- ( ) Intoxicating Liquor (all kinds) – original package, \$100.00
- ( ) Malt Liquor – by drink (resort), \$75.00
- ( ) Malt Liquor and Light Wines – by drink (resort), \$75.00
- ( ) Intoxicating Liquor (all kinds) – by drink (resort), \$300.00

**Sunday Sales (additional fees):**

- ( ) Intoxicating Liquor – original package, \$300.00
- ( ) Resort – by drink, \$300.00

**Permits:**

- ( ) Temp. Permit – by drink for certain organizations (7 days max), \$37.50
- ( ) Tasting Permit, \$37.50
- ( ) Caterers, \$15.00 (per each calendar day)

**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:**

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**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?**

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**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 of local ordinance relating to intoxicating liquor?** YES ( ) NO ( )

**If so, give details:**

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**Has the location previously been occupied as a liquor establishment, liquor store or tavern?** YES ( ) NO ( )

**If so, state name:**

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**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.

***Please sign in the presence of a Notary Public.***

\_\_\_\_\_  
Signature of Applicant

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 OFFICE 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	_____		