

# LIQUOR LICENSE REQUIREMENTS

## **Check List for Information Required For a Harrisonville Liquor License**

### **For All Businesses:**

Completed and Notarized application for liquor license

Payment of the appropriate liquor license application fee as shown on Page 1

A criminal background check with returned approved notification

(this can be done online at [mshp.dps.missouri.gov](http://mshp.dps.missouri.gov) – which is the State of Missouri Highway Patrol website)

Copy of paid **business** personal property receipt

Copy of paid **business** real estate tax receipt, if applicable

Copy of Applicant's valid driver's license OR current picture identification

Copy of Applicant's Missouri voter ID card

Copy of Applicant's **personal** property tax and, if applicable, real estate tax receipt from a County or City within the State of Missouri

Copy of State of Missouri and County of Cass Liquor licenses

Proof that the licensed establishment's State and local sales taxes are paid to date. Proof may be presented In one of two ways:

- 1) **“NO TAX DUE”** letter from the State of Missouri. This can be obtained from their website: [dor.mo.gov](http://dor.mo.gov) OR contacting them by mail with request, which must have your notarized signature in order for it to be accepted.  
Mail requests to: Sales Tax Division, Box 840, Jefferson City, MO 65101  
OR
- 2) Copy all sales tax returns filed for the previous year along with a copy of the cancelled checks.

### **For Corporations:**

If the licensee is a corporation, then **three (3)** copies of current liquor licenses for **separate locations** in The Corporation's name in the State of Missouri must be provided.

### **For Resort/Restaurant Bar Licenses:**

Proof from sales tax returns must be furnished to ensure sufficient food sales for license. Annual gross receipts shall not have been less than **\$75,000 dollars** per year, with at least **\$50,000 dollars** of such gross receipts are from nonalcoholic sales. (Per RSMo 311.095)



**APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES  
CITY OF HARRISONVILLE, MISSOURI  
300 E. PEARL STREET, P.O. BOX 367  
HARRISONVILLE, MO 64701 Phone: 816.380.8900 Fax: 816.380.8910**

Date \_\_\_\_\_

Updated 10/14/15

**TO THE SUPERVISORS OF LIQUOR CONTROL OF THE CITY OF HARRISONVILLE, MISSOURI, the undersigned hereby makes application for a license to sell: (Check One Category and One Sunday Sales if desired)**

<b>General Licenses</b>		<b>Fee</b>
3.2% Beer Original Package (Includes Sunday)		\$22.50
3.2% Beer by the Drink (Includes Sunday)		\$37.50
5% Original Package (Includes Sunday)		\$75.00
5% by the Drink (includes Sunday)		\$75.00
5% & Light Wines by the Drink or Original Package (Monday-Saturday)		\$75.00
Retail Liquor Original Package (Monday-Saturday)		\$150.00
Retail Liquor by the Drink – Resort / Restaurant Bar		\$450.00
Retail Liquor by the Drink or Original Package Tax Exempt (proof required)		\$450.00
<b>Sunday Sales (Additional Fees)</b>		
Retail Liquor <b>by the Drink or Original Sales</b> (Includes all categories of by the Drink)		\$300.00
Retail Liquor <b>Tax Exempt Organization Restaurant/Bar</b>		\$300.00
5% & Light Wines <b>By the Drink or Original Package</b>		\$300.00
<b>Special Licenses/Permits</b>		
Tasting Permit		\$37.50
Catering License (Must be licensed for Retail by the Drink) fee is per day up to 5 days		\$15.00
Careering License (Must be licensed for Retail by the Drink) 50 events		\$750.00
Picnic License (Not For Profit—For exact number of days of event not to exceed 7 days)		\$37.50

Said liquors to be sold at and in the following described premises only, to-wit:

- Name of Business (dba) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_
- Mailing Address (if different than above) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_
- Applicant (Managing Officer) \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Home Address of Applicant  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_
- How long has Applicant lived at this address? \_\_\_\_\_

6. Social Security No. of Applicant \_\_\_\_\_
7. Place of Birth of Applicant (City and State) \_\_\_\_\_
8. Is Applicant a U.S. citizen? \_\_\_\_\_ If naturalized, give date and place of naturalization \_\_\_\_\_
9. Has Applicant ever been convicted of a misdemeanor or felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_
10. Provide paid receipts for personal property taxes and real estate taxes, if applicable for Applicant, as well as real estate taxes on the business.
11. Name of **Owner** of Business (if different from applicant) or (if corporation) Name and title of Company Officer responsible for above business:  
 Name \_\_\_\_\_ Title \_\_\_\_\_
12. **Owner** Home-Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_
13. **Owner** Mailing Address (if different than above)  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_
14. How long has **Owner** lived at this residence? \_\_\_\_\_
15. **Owner** Date of Birth \_\_\_\_\_ **Owner** Place of Birth (City and State) \_\_\_\_\_
16. Is **Owner** a U.S. citizen? \_\_\_\_\_ If naturalized, give date and place of naturalization \_\_\_\_\_

The following statement is acknowledged by your signing, dating, and having this document notarized: **I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained.**

It is understood and agreed that the City license herein applied for shall not be in full force and effect unless the licensee has a current license for the premises above described from the County of Cass and the State of Missouri.

The applicant herein agrees that when and if said license be issued he/she will obey and abide by all lawful ordinances, regulations and rules adopted by said City in the conduct of said business. The applicant represents that he/she is in all respects qualified in law to receive such license. It is understood and agreed that the license when and if issued shall be subject to revocation for cause by the Supervisor of Liquor Control and when and if lawfully revoked for cause, no part of the fee paid hereunder shall be returned to the applicant.

\_\_\_\_\_(Name of Applicant), being duly sworn, deposes and states that the facts set out in the above application are true.

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

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