



CITY OF GRAIN VALLEY LIQUOR LICENSE APPLICATION

<u>Payment Type</u>	
<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check # _____	<input type="checkbox"/> Debit Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Card # _____	
Expiration Date: _____ CVV# (last 3 #s on back of Card) _____	
Signature: _____	

Instructions: Application for a license shall be made by the individual who is, in fact, actively engaged in the actual control and management of the premises for which said license is sought. Answer each question fully and completely. If the question is "Not Applicable", so state.

TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK
License Fee(s) Due Upon Application

<u>TYPE OF LICENSE APPLYING FOR:</u>	<u>APPLICATION FEES</u>
___ (A) Retail-Off Premise Only (3.2% Beer)	(A) \$ 22.50
___ (B) Retail-On/Off Premise (3.2% Beer)	(B) \$ 25.00
___ (C) Retail-Off Premise Only (5% Beer)	(C) \$ 22.50
___ (D) Retail-On/Off Premise (5% Beer)	(D) \$ 37.50
___ (E) Retail-Off Premise Only (Intoxicating Liquor/5% Beer)	(E) \$150.00
___ (F) Retail-On/Off Premise (Intoxicating Liquor)	(F) \$350.00
___ (G) Temporary Permit for sale by drink	(G) \$ 37.50
___ (H) Restaurant / Bar On/Off Premise (Intoxicating Liquor)	(H) \$450.00
___ (I) Restaurant / Bar <u>SUNDAY</u> On/Off Premise (Intoxicating Liquor)	(I) \$200.00
___ (J) Limited-On Premise Only (3.2% Beer)	(J) \$ 15.00
___ (K) Retail <u>SUNDAY</u> - Off Premise Only (Intoxicating Liquor)	(K) \$300.00
___ (L) Retail - Off Premise Only (Intoxicating Liquor) "Convenience Store"	(L) \$150.00
___ (M) Convention Trade Area – On/Off Premise (Intoxicating Liquor)	(M) \$300.00
___ Transfer of Existing License to Another Location	\$ 50.00
___ Expansion of Location Issued an Existing License	\$ 50.00

Applicant Name: _____

Applicant Address: _____
(Street) (City) (State) (Zip Code)

Applicant SSN: _____ - _____ - _____ Applicant Date of Birth: _____

Applicant Date & Place of Naturalization (If Applicable): _____
(Date) (Place)

Business Type

___ Charitable Organization	___ Missouri Corporation
___ Out of State Corporation	Date Incorporated: _____
___ Sole Owner	___ Partnership
___ Other: _____	

Name of Business: _____

Business Location: _____
(Street) (City) (State) (Zip Code)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number of Business: _____

Name of Corp/Partnership or "Other": _____

Corporation/Partnership: _____
(Street) (City) (State) (Zip Code)

Property Owner Name: _____

Property Owner Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____

1. On "**Exhibit A**", attached hereto, list the full names, date of birth, social security number and addresses of all stockholders / partners / owners in this business, both currently, and for the last ten (10) years.

2. On "**Exhibit B**", attached hereto, list the full name, date of birth, social security number, address, job title and salary of any managing person; if different from owner(s).

3. On "**Exhibit C**", attached hereto, list the name, address, date of birth and social security number of the person(s) from whom this business is being purchased. Include the details of price, funding sources, and state if any of the previous owners will remain as part of this new business.

4. On "**Exhibit D**", attached hereto, list the full name and address of any business involving the sale of any type of intoxicating or non-intoxicating liquor, owned or previously owned, by any person who has any ownership interest in this business.

5. On "**Exhibit E**", attached hereto, list the monetary amount and source, including loans and their sources (name of institutions or individuals), for the initial capitalization of this business (for new business only).

6. On "**Exhibit F**", attached hereto, list the date, city, state, charge(s) and final disposition of **ANY** arrest on any person who has any interest in the ownership of this business.

7. On "**Exhibit G**", attached hereto, list the date, city, state, charge(s) and final disposition of **EACH** liquor related violation involving any person who has an ownership interest in this business.

8. Has any person who has any ownership interest in this business ever been denied any type of intoxicating or non-intoxicating liquor license, individual liquor permit or identification?

Yes No (If yes, list all details on the separate sheet of paper provided)

9. Is there a copy of the following attached? If "No", please state why:

Lease/Rental Agreement or Contract of

Sale of Building &/or premises Yes No: _____

Missouri Sales Tax License Yes No: _____

Plans for **NEW** Facility Yes No: _____

One (1) Recent Photo of Exterior of Bldg. Yes No: _____

Current Grain Valley Occupation License Yes No: _____

Incorporation Articles	[] Yes	[] No:	_____
MO Certificate of Incorporation	[] Yes	[] No:	_____
Corporate Minutes Naming Manager	[] Yes	[] No:	_____
ATF receipt	[] Yes	[] No:	_____
Ltd. Partnership Application & Agreement	[] Yes	[] No:	_____
Plans for Remodel or <u>NEW</u> Facility Plan	[] Yes	[] No:	_____
Applicant Voter Registration	[] Yes	[] No:	_____
Driver's License of Applicant	[] Yes	[] No:	_____
Applicant's 2010 Property Tax Receipt	[] Yes	[] No:	_____
2 Recent Passport Size Photographs of Applicant or of All Partners w/i Partnership	[] Yes	[] No:	_____
If Applicant is a Corporation, Fingerprints & Photos of Managing Partners	[] Yes	[] No:	_____
If Applying for a Class "E" License Affidavit Stating there is a Minimum \$1,000 Inventory	[] Yes	[] No:	_____

Please note City code outlining the requirements for any business that holds a liquor license with the City of Grain Valley in regard to updating information:

Section 600.200: UPDATING INFORMATION

Supplemental Reports. The person to whom a license is issued under this Chapter shall file a supplemental report with the City Clerk within fifteen (15) days of any loan made to him/her of money or credit relating to the licensed business.

Change of Facts. If, during the period for which a license is issued, there is any change of facts or information differing from that set forth in the original application or any renewal application on file with the City Clerk, written notice thereof must be given to the City Clerk within ten (10) days by the licensee.

I state that each and every answer to all of the above questions is true to the best of my knowledge, and that all persons having an interest in this business, and any leased or rented property understand that any information herein contained as well as any information contained in previous or initial application(s), may be used in the investigation of the "total" application or renewal thereof. I further state that all parties involved agree that the City of Grain Valley, Missouri shall be held harmless in any investigation pertinent the issuance of any license. By signing this application I further understand that the license may be denied on the basis of any information determined from the investigation pertaining thereto, particularly where it is found that "false information" has been given. I agree to furnish any additional information as may be requested by the City of Grain Valley. By signing this application, I am stating that I understand and agree to fully comply with the City of Grain Valley Missouri Municipal Code of Ordinances as it pertains to the liquor licenses and those businesses that retain them from the City of Grain Valley.

Applicant Signature

Date

Applicant Printed Name

Title

FOR CITY USE ONLY

[] APPROVED [] DENIED

[] APPROVED [] DENIED

Chief of Police or Designee Date

City Clerk or Designee Date

“Exhibit A”

Please list below the full name, date of birth, social security number and address of each stockholder, partner, and/or owner of the requesting organization within the last ten (10) years

Stockholder/Partner/Owner Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Stockholder/Partner/Owner Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Stockholder/Partner/Owner Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Stockholder/Partner/Owner Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Stockholder/Partner/Owner Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Stockholder/Partner/Owner Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Stockholder/Partner/Owner Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Stockholder/Partner/Owner Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

“Exhibit B”

Please list the full name, date of birth, social security number, address, job title and salary of any managing person; if different from owner(s)

Manager Name: _____

Title: _____ Salary: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Manager Name: _____

Title: _____ Salary: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Manager Name: _____

Title: _____ Salary: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Manager Name: _____

Title: _____ Salary: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Manager Name: _____

Title: _____ Salary: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Manager Name: _____

Title: _____ Salary: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

“Exhibit C”

Please list the name, address, date of birth and social security number of all person(s) from whom this business is being purchased. Include the details of price, funding sources and if any of the previous owners will remain as part of this new business.

Seller Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Will this person remain as part of this new business? [] Yes [] No

Price of Purchase:

Funding Source: _____

Seller Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Will this person remain as part of this new business? [] Yes [] No

Price of Purchase:

Funding Source: _____

Seller Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Will this person remain as part of this new business? [] Yes [] No

Price of Purchase:

Funding Source: _____

Seller Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Social Security#: _____ Date of Birth: _____

Will this person remain as part of this new business? [] Yes [] No

Price of Purchase:

Funding Source: _____

“Exhibit D”

Please list the full name and address of any business involving the sale of any type of intoxicating or non-intoxicating liquor, owned or previously owned, by any person who has any ownership interest in this business.

Individual Name: _____

Institution Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Years of Ownership: Total Number _____ From _____ To _____

Individual Name: _____

Institution Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Years of Ownership: Total Number _____ From _____ To _____

Individual Name: _____

Institution Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Years of Ownership: Total Number _____ From _____ To _____

Individual Name: _____

Institution Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Years of Ownership: Total Number _____ From _____ To _____

Individual Name: _____

Institution Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Years of Ownership: Total Number _____ From _____ To _____

Individual Name: _____

Institution Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Years of Ownership: Total Number _____ From _____ To _____

“Exhibit E”

Please list below the list the monetary amount and source, including loans and their sources (name of institutions or individuals), for the initial capitalization of this business.

Institution/Individual Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Monetary Amount: _____ Date of Issue: _____

Institution/Individual Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Monetary Amount: _____ Date of Issue: _____

Institution/Individual Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Monetary Amount: _____ Date of Issue: _____

Institution/Individual Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Monetary Amount: _____ Date of Issue: _____

Institution/Individual Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Monetary Amount: _____ Date of Issue: _____

Institution/Individual Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Monetary Amount: _____ Date of Issue: _____

Institution/Individual Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Monetary Amount: _____ Date of Issue: _____

“Exhibit F”

Please list below the date, city, state, charge(s) and final disposition of ANY arrest on any person who has any interest in the ownership of this business.

Interested Party Name: _____

Charge: _____

Final Disposition: _____

Date of Arrest: _____ City : _____ State: _____

Interested Party Name: _____

Charge: _____

Final Disposition: _____

Date of Arrest: _____ City : _____ State: _____

Interested Party Name: _____

Charge: _____

Final Disposition: _____

Date of Arrest: _____ City : _____ State: _____

Interested Party Name: _____

Charge: _____

Final Disposition: _____

Date of Arrest: _____ City : _____ State: _____

Interested Party Name: _____

Charge: _____

Final Disposition: _____

Date of Arrest: _____ City : _____ State: _____

Interested Party Name: _____

Charge: _____

Final Disposition: _____

Date of Arrest: _____ City : _____ State: _____

Interested Party Name: _____

Charge: _____

Final Disposition: _____

Date of Arrest: _____ City : _____ State: _____

“Exhibit G”

*Please list the date, city, state, charge(s) and final disposition of **EACH** liquor related violation involving any person who has an ownership interest in this business.*

Interested Party Name: _____
Liquor Related Charge: _____
Final Disposition: _____
Date of Charge: _____ City : _____ State: _____

Interested Party Name: _____
Liquor Related Charge: _____
Final Disposition: _____
Date of Charge: _____ City : _____ State: _____

Interested Party Name: _____
Liquor Related Charge: _____
Final Disposition: _____
Date of Charge: _____ City : _____ State: _____

Interested Party Name: _____
Liquor Related Charge: _____
Final Disposition: _____
Date of Charge: _____ City : _____ State: _____

Interested Party Name: _____
Liquor Related Charge: _____
Final Disposition: _____
Date of Charge: _____ City : _____ State: _____

Interested Party Name: _____
Liquor Related Charge: _____
Final Disposition: _____
Date of Charge: _____ City : _____ State: _____

Interested Party Name: _____
Liquor Related Charge: _____
Final Disposition: _____
Date of Charge: _____ City : _____ State: _____

