



CITY OF GRAIN VALLEY LIQUOR LICENSE APPLICATION

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|---|
| <u>Payment Type</u> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card- Please call for payment at: _____ Please make checks payable to "City of Grain Valley" |
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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.

I. ALL APPLICANTS TO COMPLETE THE FOLLOWING SECTIONS:

- ✓ Section A: Business Information; page 2
- ✓ Section B: Applicant Information; page 2
- ✓ Section C: Type of License Applying for; page 2
- ✓ Section D: Business Acquisition (if applicable); page 3
- ✓ Section E: Property Information; page 3
- ✓ Section F: Operations Information; pages 3-4
- ✓ Section I: Checklist; page 5-6
- ✓ Section J: Acknowledgements; page 7

II. PARTNERSHIPS COMPLETE SECTIONS LISTED IN "I" ABOVE IN ADDITION TO THE BELOW:

- ✓ Section G: Partnership information; page 4

III. CORPORATION OR LIMITED LIABILITY COMPANY COMPLETE SECTIONS LISTED IN "I" ABOVE IN ADDITION TO THE BELOW:

- ✓ Section H: Corporations and Limited Liability Company; pages 4-5

| <u>FOR CITY USE ONLY</u> | | | |
|-----------------------------------|---------------------------------|---|-------------------------|
| Police Department Review | | Board of Aldermen Review | |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | | |
| _____ | _____ | 1 st Presentation Date _____ | APPROVED [] DENIED [] |
| Chief of Police or Designee | Date | 2 nd Meeting Date _____ | [] [] |
| City Clerk Review | | Notes: | |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | | |
| _____ | _____ | | |
| City Clerk or Designee | Date | | |

TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK
License Fee(s) Due Upon Application and Are Not Refundable

Section A: Business Information

Business Entity Name: _____ Fictitious Name (D/B/A): _____

Nature of Business: _____

Business Entity Type: Sole Proprietor Partnership Missouri Corporation
 Charitable Organization Out of State Corporation
Date and State of Incorporation _____

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

Business Physical Address: _____
(Street) (City) (State) (Zip Code)

Business Telephone Number: _____

Section B: Applicant Information (of person(s) applying for license)

Full Name: _____ Date of Birth: _____ Social Security Number: _____

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

Email Address: _____ Telephone Number: _____

Naturalized Citizen: **Circle One: Yes No** ; If yes, Date and Place of Naturalization: _____

Section C: Type of License(s) applying for

| Select: | Class | Description | Application Fee |
|---------|-------|--|-----------------|
| | A | Manufacturer of intoxicating malt liquor (Beer) | \$375.00 |
| | B | Manufacturer, distilling, and blending of wine and intoxicating liquors | \$675.00 |
| | C | Distributor or wholesaler of intoxicating malt liquors (Beer), wine, and liquor | \$150.00 |
| | D | Retailers selling intoxicating malt liquors (beer) only for consumption on premises (including Sunday) | \$75.00 |
| | E | Retailers selling intoxicating malt liquors (Beer) only in the original package for consumption off premises (including Sunday) | \$75.00 |
| | F | Retailers selling malt liquors (Beer) wine or intoxicating liquors in the original package, for consumption off premises (weekdays only) | \$150.00 |
| | G | Retailers selling of wine and intoxicating liquors by the drink for consumption on/off premises, Restaurant-Bar/Lounge -Bar (weekdays only) | \$450.00 |
| | H | Sunday retail selling of malt, wine and intoxicating liquors by the drink, on the premises; or in original package for consumption on/off premises | \$300.00 |
| | I | Temporary Location for liquor by the drink, catering | \$90.00 |
| | J | Wine and Malt Beverage Tasting on premises | \$37.50 |
| | K | Temporary permit for sale by drink of malt liquor (Beer), wine and intoxicants | \$37.50 |
| | L | Convention Trade Area (Not available to new applicants after 4/22/19) | \$300.00 |
| | | Transfer of Existing License to Another Location | \$50.00 |
| | | Expansion of Location Issued an Existing License | \$50.00 |

TOTAL DUE: _____

Section D: Business Acquisition complete this section if you have acquired/purchased this business

Prior Owner(s) information:

Name _____ Date of Birth _____ Social Security Number _____

Prior Owner Contact Address: _____
(Street) (City) (State) (Zip Code)

Date of Purchase: _____ Purchase Price: _____ Amount of Down Payment: _____

Balance Due: _____ Effective Date of Possession: _____

Name and Address of Mortgage Holder: _____

Terms of Repayment: _____

Did you assume any debts not listed above in connection with the operation of said business?

Circle One Yes No

If so, provide details: _____

Does the former owner of the business, if applicable, have any interest, either directly or indirectly, in the business for which you seek a license?

Circle One Yes No

If yes, provide details: _____

State names and addresses of any person, firm, LLC, or corporation that has advanced, or will advance, any money to you to purchase or operate the business for which you seek a license: _____

Section E: Property Information

What is the street address of the premises for which the license is sought?: _____

Do you rent or lease the premises for which this business is to be used? **Circle One** Yes No

If premises is rented/leased, provide terms of payment/lease: _____

Property Owner Name: _____

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

Property Owner Telephone Number: _____

What interest, if any, does your landlord have, directly or indirectly, in the business in which you intend to engage if the license is granted? _____

Square Footage of the building, including all areas where alcoholic beverages may be stored: _____

Is the proposed location within one hundred feet (100') of any church, school, or building used as a place of worship? **Circle One** Yes No

If yes, please provide details: _____

Section F: Operations Information

Is there now employed, or do you expect to employ, in the business sought to be licensed hereunder, any person who has been convicted of, found guilty of, or pleaded guilty, no contest, or no lo contendere to any offense involving a controlled substance, a weapon, illegal gambling, or the illegal sale, possession or use of alcohol, including alcohol-related traffic offenses? **Circle One** Yes No

If yes, state details: _____

Per Section 600.020 Chief of Police Powers and Duties Will you at all times permit the entry of any officer or investigator with legal authority for the purpose of inspection or search; and will you permit the removal of all things and articles, which may be in violation of the ordinances of Grain Valley, Missouri and the laws of the State of Missouri; and do you consent to the introduction of such articles as evidence in any proceedings for the violation of any provision of the revised liquor control ordinances of Grain Valley, Missouri; and/or for the suspension or revocation of the license for which this application is made; and do you promise and agree no to violate any of the ordinances of Grain Valley, Missouri the laws of the State of Missouri of the United State in conduct of the business for which license is sought? **Circle One Yes No**

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? *If yes, please list all details on an additional sheet of paper and attach to this application* **Circle One Yes No**

Section G: Partnership Information Complete the following for all partners or anyone with a financial interest in the partnership:

| FULL NAME | JOB TITLE | RESIDENTIAL ADDRESS | DATE OF BIRTH | SOCIAL SECURITY NUMBER | PERCENT (%) OWNERSHIP IN BUSINESS | EVER CONVICTED OF FELONY YES/NO |
|-----------|-----------|---------------------|---------------|------------------------|-----------------------------------|---------------------------------|
| | | | | | | |
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| | | | | | | |

Section H: Corporation and Limited Liability Company Complete the following:

Corporation Name: _____ Address: _____

Telephone Number: _____

State in which incorporated or organized: _____ Date of incorporation or organization: _____

The amount of paid in Capital _____ The amount of authorized Capital _____

For a Corporation, please complete for all shareholders and officers

For an LLC, complete for main members *attach a separate sheet of paper if necessary*

| FULL NAME | JOB TITLE | RESIDENTIAL ADDRESS | DATE OF BIRTH | SOCIAL SECURITY NUMBER | PERCENT (%) INTEREST IN COMPANY | EVER CONVICTED OF FELONY YES/NO |
|-----------|-----------|---------------------|---------------|------------------------|---------------------------------|---------------------------------|
| | | | | | | |
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Is the corporation, any stockholder, or managing officer thereof, any member of his or her household or immediate family, the LLC, any member, or managing officer thereof, any member of his or her household or immediate family, interested, directly or indirectly, in any other license issued by the Supervisor of Liquor Control of this State or any other State which is now in force? **Circle One Yes No**

Has the corporation, any stockholder, or managing officer thereof, any member of his or her family, the LLC, any group member, manager, or managing officer thereof, any member of his or her family, at any time in the past, held a license from the Supervisor of Liquor Control of this State or any other State? **Circle One Yes No**

If yes, give name of such licensee and location of premises: _____

Has any stockholder of the corporation, member or manger of the LLC, or the managing officer ever been employed by any person, partnership, LLC, or corporation that had a license revoked or suspended by the Supervisor of Liquor Control? **Circle One Yes No**
 If yes, give details: _____

Is this application being made by the corporation or the LLC to permit any person other than yourself to obtain a license from the Missouri Supervisor of Liquor Control, in your name, for his or her benefit? **Circle One Yes No**

Section I: Checklist Please attach the following items to this application and indicate such on the form below. If document is not provided, please state why in the notes column:
 Per Section 600.150

| Document | Yes | No | N/A | Notes |
|--|-----|----|-----|-------|
| Lease/Rental Agreement or Contract of Sale of Building &/or premises | | | | |
| Plans for Remodel or NEW Facility Plans | | | | |
| Driver's License of Applicant(s) | | | | |
| Applicant(s) Certificate of Voter Registration from Election Board from the County where he/she resides and shows he/she is a qualified legal voter in the State of Missouri | | | | |
| Applicant(s) Property Tax Receipt for the year immediately preceding the date of the application | | | | |
| One (1) Recent Photo of Exterior of Bldg. or Proposed Place of Business | | | | |
| Two (2) Recent Passport Size Photographs of Applicant or of All Partners in Partnership (<i>unless applying for Class K</i>) | | | | |
| Missouri "No Tax Due" Certificate (Sales Tax) | | | | |
| Current Grain Valley Occupational License (<i>unless applying for Class K</i>) | | | | |
| State of Missouri Liquor License <i>current</i> | | | | |

| | | | | |
|---|--|--|--|--|
| Jackson County Liquor License <i>current</i> | | | | |
| Date, City, State, charge(s) and final dispositions of ANY arrest on any person who has any interest or ownership in this business and list EACH liquor related violation involving any person with ownership interest in this business | | | | |
| For Restaurant only: statement to verify that at least 50% of the gross income of the restaurant for the preceding twelve months came from the sale of prepared food or meals consumed on the premises. * | | | | |
| Fingerprints | | | | |
| Non-refundable Application Fee (Sec. 600.180, City Code) | | | | |
| In addition to the above, LLC/Partnerships shall also provide: | | | | |
| Certificate of Organization | | | | |
| Articles of Organization/Incorporation | | | | |
| Ltd. Partnership Application & Agreement | | | | |
| Fingerprints for All Partners | | | | |
| In addition to the above, Corporations shall also provide: | | | | |
| Articles of Incorporation | | | | |
| Certificate of Organization | | | | |
| Corporate Minutes Naming Manager (if applicable) | | | | |
| Fingerprints for Managing Officers | | | | |
| Photos of Managing Officers | | | | |

*In the event such restaurant has not been in operation the previous twelve months, the restaurant will be allowed six months from the date of issuance of its temporary license to meet the minimum requirements

Section J: Acknowledgements

Please note City code Section 600.170 outlining the requirements for any business that holds a liquor license with the City of Grain Valley regarding updating information:

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.

Initial(s) _____

Please note City code Section 600.200: Employee Permit Cards for Liquor by the Drink Establishments

A. It shall be unlawful for any person to directly participate in the retail sale, service, delivery, dispensation, or the exchange for donation of alcoholic beverages/intoxicating liquors at a location authorized to sell liquor by the drink unless the person holds a valid employee permit card issued by the Chief of Police.

I have read and understand the code surrounding employee permit cards and will comply with the procedures required per code.

Initial(s) _____

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.

Signature(s)

Date

