



*City of Holden*

816-732-4811  
 101 W. 3rd St. Holden, MO 64040  
 cityclerk@cityofholden.com

**Checklist of Required Documentation  
 New Retail Liquor License Application**  
*Allow 3 to 4 weeks to process new license applications*

	Copy of Missouri State Liquor License (if already maintained) or application
	Applicant's current paid real & personal property tax receipts as of December 31, of the applicable year
	Certificate of "no sales tax due" verifying that all state & local sales taxes are paid to date. (not more than 90 days old) Missouri Department of Revenue, Phone: 573-751-3505, Web: <a href="http://dor.mo.gov/">http://dor.mo.gov/</a>
	Missouri "certificate of good standing" for all corporations. (not more than 90 days old) Missouri Secretary of State, Phone: 573-751-4153, Web: <a href="http://www.sos.mo.gov">www.sos.mo.gov</a>
	Applicant's proof of voter registration within the State of Missouri.
	Completed applications, notarized affidavit & applicable fees. (payable to City of Holden)

*All required information listed above must be submitted with application.  
 License will be issued upon approval of City application, building/fire inspection, police background check and approved State liquor license documentation.*

**BUSINESS MUST NOT SELL ALCOHOL UNTIL BOTH STATE & CITY LICENSES ARE OBTAINED**

Applicants must also apply for a State & County Liquor License  
 County Clerk, Phone: 660-747-6161, Web: <http://www.jococourthouse.com/>  
 Missouri Liquor Control, Phone: 816-743-8888, Web: <http://www.atc.dps.mo.gov/>

# Retail Liquor Application

**Allow 3 to 4 weeks to process new license applications**

***BUSINESS MUST NOT SELL ALCOHOL UNTIL BOTH STATE & CITY LICENSES ARE OBTAINED***

**BUSINESS STRUCTURE (check all that applies):**

<input type="checkbox"/>	SOLE OWNER	
<input type="checkbox"/>	PARTNERSHIP	(ALL Partners must sign in ALL spaces.)
<input type="checkbox"/>	CORPORATION	(Only the Managing Officer can sign application)
<input type="checkbox"/>	LIMITED LIABILITY COMPANY	(Only the Managing Officer can sign application)

Legal Name of Entity:	Date of Application:
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Doing Business As:	E-mail Address:
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Physical Location Address:

City – State – Zip Code:

Is business location within 100 ft of any school, church or other building used as a place of religious worship?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_

Mailing Address: (if different from above)

City – State – Zip Code:

Business Phone #:	Missouri Sales Tax #:
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If applying as a Corporation, LLC or Partnership, State Missouri Secretary of State file #  
 Attach current certificate of Good Standing (*not more than 90 days old*)

Name of Corporation: \_\_\_\_\_

File Number: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Is Corporation or LLC Non-Profit? Yes: _____ No: _____	If Yes, Provide IRS Tax Exempt #:
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Managing Officer Named must be a person in the applicant's employ, either as an officer or an employee who is vested with general control and superintendence of a whole of a particular part of, the applicant's business at a particular place.

**Fees must be paid at the time of application. (payable to City of Holden)**  
***Applicant must schedule through the City Clerk for building/fire inspection for location. (re-inspection fees may apply)***

CITY INFORMATION	License#:			
	Amount Paid:	\$	Date Paid:	

<b>SOLE OWNER – PARTNER – MANAGING OFFICER INFORMATION</b>			
<b>The information in this section is for (check the one that applies)</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOLE OWNER</b>	<b>MANAGING OFFICER</b>	<b>PARTNER</b>	
Last Name:		First Name:	Middle Initial:
Date of Birth:	Place of Birth:	Social Security #:	Sex: Male:                  Female:
Home Phone #:	Driver's License #:	E-mail Address:	
Current Address:			
City – State – Zip Code:			
City, Town or Village where the Sole Owner, Managing Officer or Partner pays taxes:			
Sole Owner, Managing Officer or Partner is registered to vote in the following:			
Precinct:	City:	Ward:	County:
Have you ever used another name?      Yes:                  No:                  If yes, list first & last name/names:			
_____			
Has the applicant <u>ever</u> been convicted or plead guilty to a <i>felony, misdemeanor, or violation of any municipal ordinance</i> ? If so, what was the nature of the offense and punishment assessed therefore? Give City and State where the offense occurred.			
<b>PARTNER (attach additional page if there are more than one)</b>			
Last Name:		First Name:	Middle Initial:
Date of Birth:	Place of Birth:	Social Security #:	Sex: Male:                  Female:
Home Phone #:	Driver's License #:	E-mail Address:	
Current Address:			
City – State – Zip Code:			
City, Town or Village where Partner pays taxes:			
Partner is registered to vote in the following:			
Precinct:	City:	Ward:	County:
Have you ever used another name?      Yes:                  No:                  If yes, list first & last name/names:			
_____			
Has the applicant <u>ever</u> been convicted or plead guilty to a <i>felony, misdemeanor, or violation of any municipal ordinance</i> ? If so, what was the nature of the offense and punishment assessed therefore? Give City and State where the offense occurred.			
By signing this document, you authorize the Holden Police Department to perform a background check, as required by city ordinance.		By signing this document, you authorize the Holden Police Department to perform a background check, as required by city ordinance.	
Signature of Owner, Managing Officer, or Partner:	Date:	Signature of Partner: (if there are more than one)	Date:

<b>PARTNER (if there are more than one)</b>			
Last Name:		First Name:	Middle Initial:
Date of Birth:	Place of Birth:	Social Security #:	Sex: Male:                  Female:
Home Phone #:	Driver's License #:	E-mail Address:	
Current Address:			
City – State – Zip Code:			
City, Town or Village where Partner pays taxes:			
Partner is registered to vote in the following:			
Precinct:	City:	Ward:	County:
Have you ever used another name?      Yes:                  No:                  If yes, list first & last name/names: _____			
Has the applicant <u>ever</u> been convicted or plead guilty to a <i>felony, misdemeanor, or violation of any municipal ordinance</i> ? If so, what was the nature of the offense and punishment assessed therefore? Give City and State where the offense occurred.   			
<b>PARTNER (if there are more than one)</b>			
Last Name:		First Name:	Middle Initial:
Date of Birth:	Place of Birth:	Social Security #:	Sex: Male:                  Female:
Home Phone #:	Driver's License #:	E-mail Address:	
Current Address:			
City – State – Zip Code:			
City, Town or Village where Partner pays taxes:			
Partner is registered to vote in the following:			
Precinct:	City:	Ward:	County:
Have you ever used another name?      Yes:                  No:                  If yes, list first & last name/names: _____			
Has the applicant <u>ever</u> been convicted or plead guilty to a <i>felony, misdemeanor, or violation of any municipal ordinance</i> ? If so, what was the nature of the offense and punishment assessed therefore? Give City and State where the offense occurred.   			
By signing this document, you authorize the Holden Police Department to perform a background check, as required by city ordinance.		By signing this document, you authorize the Holden Police Department to perform a background check, as required by city ordinance.	
Signature of Partner: (if there are more than one)	Date:	Signature of Partner: (if there are more than one)	Date:

## Liquor License Fees (check applicable line)

The undersigned does hereby make application to the City of Holden, Missouri, for a Liquor License as prescribed by the ordinances of the City of Holden for the sale of malt liquor, light wine and intoxicating liquor in the following category

### New Liquor by the Drink

a. Temporary 90-day \$ 112.50

### Liquor by the Drink

a. Liquor by the drink \$ 450.00

b. Liquor by the drink on Sunday \$ 300.00

### Civic/Not-for-Profit Organizations

a. Liquor by the drink \$ 450.00

b. Liquor by the drink on Sunday \$ 300.00

c. Malt liquor, light wine \$ 75.00

### Tavern

a. Malt liquor, light wine \$ 75.00

b. Malt liquor only (includes Sunday) \$ 75.00

Picnic Liquor License \$ 15.00

Temporary Caterers License (must meet requirements) \$ 15.00

Annual Caterers License (must meet requirements) \$ 15.00

### Package Sales

a. Malt Liquor, light wine \$ 75.00

b. Intoxicating liquor \$ 75.00

c. Sunday Sales of Intoxicating liquor \$ 300.00

d. Malt liquor only (includes Sunday) \$ 75.00

e. Tasting Permit \$ 25.00

## MANAGING OFFICER APPOINTMENT FORM

Date \_\_\_\_\_

\_\_\_\_\_, has appointed  
(Name of Corporation or Organization)

\_\_\_\_\_, as Managing  
(Name of Managing Officer)

Officer for the corporation/organization. The Managing Officer is a person in the licensee's employ, either as an officer or as an employee who is vested with the general control and superintendence of a whole, or a particular part of, the licensee's business in accordance with State Rules and Regulation 11 CSR 70-2.30(7).

\_\_\_\_\_  
Officer of the Organization  
(Signature & Date)

**Affidavit (must be Notarized) Notary available at City Hall**

The applicant understands that false answers are grounds for denial of a license.

The applicant understands that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended.

All license applicants must provide a copy of their approved Missouri State Liquor license in order to approve/process the local licenses.

*No license will be issued and the establishment must not sell alcohol until State approval documentation is provided to the City.*

This license is for use in connection with the operation of a business located at \_\_\_\_\_, Holden, Missouri, and known as \_\_\_\_\_. The undersigned is (a General Partner) and/or (the Managing Officer) of the license.

The license covenants to fully comply with all the provisions of the City Ordinances, as amended, pertaining to Liquor Licenses. The undersigned states that he/she is a United States Citizen, a Qualified Voter and Taxpaying Citizen, and is not currently obligated in any way to the City of Holden.

Signature of Owner, Managing Officer, or Partner:	Date:	Signature of Partner:	Date:
Signature of Partner: (if there are more than one)	Date:	Signature of Partner: (if there are more than one)	Date:

**NOTARY INFORMATION**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, appeared before me \_\_\_\_\_, to me personally known, and who did, upon their oath swear and affirm that they executed the above and foregoing document as their free act and deed, and that all information contained therein is true and complete to their best knowledge and belief.

Notary Public Embosser or Black Ink Rubber Stamp	State of _____	County _____	
	Subscribed and Sworn Before Me, This _____ Day of _____ Year _____		
	Notary Public Signature _____	My Commission Expires _____	<b><u>Use Rubber Stamp in Area Below</u></b>
	Notary Public Name (typed or printed) _____		