

# **CITY OF WELDON SPRING**

## **LIQUOR LICENSE APPLICATION**

**ALL THE ENCLOSED APPLICATION FORMS MUST  
BE RETURNED  
TO  
THE CITY OF WELDON SPRING**



**CITY OF WELDON SPRING**

**LIQUOR LICENSE APPLICATION**

<b>LICENSE TYPE</b>	<b>LICENSE FEE</b>	<b>SECTION #</b>	<input checked="" type="checkbox"/> <b>All that apply</b>
<b>All Listed Under Article II</b>			
<i>Intoxicating liquor by the drink</i>	\$ 450.00	20 & 21	<input type="checkbox"/>
<i>Intoxicating liquor in the original package</i>	150.00	22	<input type="checkbox"/>
<i>Sunday License</i>	300.00	13 (R)	<input type="checkbox"/>
<i>5% beer &amp; light wine by the drink</i>	52.50	13 (F)	<input type="checkbox"/>
<i>5% beer by the drink</i>	52.50	13 (E)	<input type="checkbox"/>
<i>5% beer in the original package</i>	22.50	13 (G)	<input type="checkbox"/>
<i>3.2% beer by the drink</i>	37.50	13 (N)	<input type="checkbox"/>
<i>3.2% beer in the original package</i>	22.50	13 (E)	<input type="checkbox"/>
<i>Distributor or wholesaler of non-intoxicating beer containing not more than 3.2% by weight of alcohol</i>	75.00	13 (P)	<input type="checkbox"/>
<i>Distributor or wholesaler of malt liquor in excess of 5% alcohol by weight and not in excess of 22% of alcohol by weight</i>	150.00	13 (C)	<input type="checkbox"/>
<i>Distributor or wholesaler of malt liquor in excess of 5% alcohol by weight and not in excess of 22% of alcohol by weight</i>	300.00	13 (L)	<input type="checkbox"/>
<i>Distributor or wholesaler of intoxicating beverages of all kinds</i>	750.00	13 (D)	<input type="checkbox"/>
<i>Consumption license</i>	90.00	14	<input type="checkbox"/>
<i>Temporary catering license</i>	15.00	17 (C)	<input type="checkbox"/>
<i>Temporary picnic license (3.2% beer by the drink)</i>	15.00	17 (A)	<input type="checkbox"/>
<i>Temporary picnic license (5% beer &amp; wine by the drink)</i>	37.50	17 (A)	<input type="checkbox"/>
<i>Special temporary license</i>	75.00	17 (B)	<input type="checkbox"/>
<i>Manufacturers, distillers, blenders of malt liquor not in excess of 5% by weight of alcohol</i>	375.00	13	<input type="checkbox"/>
<i>Manufacturers, distillers, blenders of intoxicating liquors of all kinds</i>	675.00	13 (B)	<input type="checkbox"/>
<i>Manufacturers, distillers, blenders of intoxicating liquors not exceeding 22% by weight of alcohol</i>	300.00	13 (M)	<input type="checkbox"/>
<i>Manufacturers, distillers, blenders of non-intoxicating beer not more than 3.2% by weight of alcohol</i>	375.00	13 (Q)	<input type="checkbox"/>
<i>Club license for sale of intoxicating liquor in excess of 5% by weight of alcohol</i>	150.00	16	<input type="checkbox"/>

**Liquor License:**     **New**     **Renewal**    Please  **one**

# CITY OF WELDON SPRING LIQUOR LICENSE APPLICATION

## COMPLETE THE FOLLOWING:

**NOTE:** ANY FALSIFICATION OR MISREPRESENTATION ON THIS APPLICATION CAN/AND WILL RESULT IN IMMEDIATE REVOCATION OR SUSPENSION OF YOUR LIQUOR LICENSE.

NAME OF APPLICANT: \_\_\_\_\_  
APPLICANT'S RESIDENCE: \_\_\_\_\_  
[Last five years:] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
APPLICANT'S PHONE #: (     ) \_\_\_\_\_  
NAME OF BUSINESS: \_\_\_\_\_  
LOCATION OF BUSINESS: \_\_\_\_\_  
DESCRIPTION OF PREMISES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Invoice value of inventory other than intoxicating liquor or non-intoxicating beer:  
\$ \_\_\_\_\_  
BUSINESS PHONE: (     ) \_\_\_\_\_  
*[Beginning with Present Address:]*  
LIST NAMES & ADDRESSES OF ALL INDIVIDUALS, PARTNERS, OR CORPORATE MEMBERS OF THE BUSINESS FOR WHOM THE LICENSE IS SOUGHT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For additional names/addresses, please attach separate sheet or continue on back side of this sheet.*

**SECTION 5 (G)** reads as follows: *“The application for license shall require the applicant to list no less than five (5) individuals as character witnesses who have known the applicant over the last five (5) years. Witnesses must have known applicant and lived in the same County as applicant and must have some familiarity with any past liquor operations by applicant.”*

**PLEASE LIST FIVE (5) CHARACTER WITNESSES:**

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

*- FOR OFFICIAL USE ONLY -*

**CITY OF WELDON SPRING  
LIQUOR LICENSE APPLICATION**

**APPLICANT'S DRIVER'S LICENSE INFORMATION**

**NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_  
**BUSINESS PHONE:** ( ) \_\_\_\_\_ **HOME PHONE:** ( ) \_\_\_\_\_

1. HAS APPLICANT EVER HAD A LIQUOR LICENSE PREVIOUSLY? **YES**  **NO**   
IF SO, WHERE: \_\_\_\_\_
2. HAS APPLICANT EVER HAD A LIQUOR LICENSE REVOKED? **YES**  **NO**   
IF SO, DATE AND PLACE: \_\_\_\_\_
3. HAS APPLICANT EVER BEEN CONVICTED OF A VIOLATION OF ANY LAW APPLICABLE TO THE MANUFACTURE OR SALE OF INTOXICATING LIQUOR OR NON-INTOXICATING BEER SINCE THE RADIFICATION OF THE 21<sup>ST</sup> ADMENDMENT TO THE UNITED STATES CONSTITUTION? **YES**  **NO**
4. HAS APPLICANT EVER BEEN CONVICTED OF A FELONY OFFENSE? **YES**  **NO**   
IF SO, GIVE DATES, CHARGES AND LOCATIONS: \_\_\_\_\_
5. HAS APPLICANT EVER BEEN CONVICTED OF A MISDEMEANOR OFFENSE? **YES**  **NO**
6. IF SO, GIVE DATES, CHARGES AND LOCATIONS: \_\_\_\_\_

I/WE HEREBY AUTHORIZE THE LAW ENFORCEMENT OFFICER OF THE CITY OF WELDON SPRING OR HIS DESIGNEE TO CONDUCT A CRIMINAL HISTORY CHECK AND PERSONAL BACKGROUND CHECK FOR THE RELEASE OF ANY INFORMATION IN POLICE AND/ OR COURT RECORDS INVOLVING ME TO THE MAYOR AND BOARD OF ALDERMEN TO EVALUATE MY APPLICATION FOR A LIQUOR LICENSE.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

I, \_\_\_\_\_, THE APPLICANT OF THIS LICENSE WILL NOT VIOLATE ANY OF THE PROVISIONS OF THE LIQUOR ORDINANCE (ORDINANCE NUMBER 02-12) OF THE CITY OF WELDON SPRING, MO., OR THE LIQUOR CONTROL ACT OF THE STATE OF MISSOURI; THAT I/WE WILL PAY ALL TAXES AND FEES PROVIDED HEREIN, TOGETHER WITH ALL FINES, PENALTIES AND FORFEITURES WHICH MAY BE ADJUDGED AGAINST ME/US UNDER THE PROVISIONS OF SAID ORDINANCE.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

**CITY OF WELDON SPRING**  
**LIQUOR LICENSE APPLICATION**

Weldon Spring, MO 63304  
636-441-2110 Fax: 636-441-8495

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_.  
In witness whereof, I have hereunto set my hand and affixed my official seal in the County of \_\_\_\_\_, State of \_\_\_\_\_, the day and year first above written.

\_\_\_\_\_  
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_

SEAL:

~ Official Use Only ~

**THIS IS TO CERTIFY THAT THE ABOVE APPLICATION WAS FILED WITH ME ON:** \_\_\_\_\_

**ACCOMPANIED BY THE REQUIRED LICENSE FEE OF \$** \_\_\_\_\_,

\_\_\_\_\_  
**CITY CLERK**  
CITY OF WELDON SPRING

\_\_\_\_\_  
DATE

# CITY OF WELDON SPRING LIQUOR LICENSE APPLICATION

Weldon Spring, MO 6304  
636-441-2110 Fax: 636-441-8495

FOR ALL NEW LIQUOR LICENSE APPLICATIONS AND NEW APPLICANTS DUE TO CHANGE OF PERSONNEL, MANAGERS, AND RESPONSIBLE PARTY; A PHOTOGRAPH OF THE APPLICANT AND A PHOTOGRAPH OF THE INTERIOR & EXTERIOR OF THE PLACE OF BUSINESS WILL BE REQUIRED ALONG WITH A CRIMINAL RECORD CHECK.

- STAPLE PHOTOS HERE -

APPLICANT'S SIGNATURE: \_\_\_\_\_

COPIES OF CURRENT COUNTY AND STATE LIQUOR LICENSES ARE REQUIRED.  
PLEASE INCLUDE COPIES OF EACH WITH YOUR APPLICATION.

**CITY OF WELDON SPRING  
2011 LIQUOR LICENSE APPLICATION**

WELDON SPRING, MO 63304  
636-441-2110      FAX: 636-441-8495

THE FOLLOWING REQUEST FOR **CRIMINAL RECORD CHECK** **MUST** BE COMPLETED BY APPLICANT AND RETURNED TO THE CITY OF WELDON SPRING ALONG WITH A **SEPARATE CHECK OR MONEY ORDER** IN THE AMOUNT OF **\$10.00** MADE PAYABLE TO:

***STATE OF MISSOURI, CRIMINAL RECORD SYSTEM***

PLEASE FILL OUT TOP PORTION ONLY OF THE ATTACHED REQUEST 