CITY OF SMITHVILLE, MISSOURI
LIQUOR LICENSE APPLICATION

☐ New License   ☐ Renewal   License No. _____

Licensee Name: _____

DBA Name: _____

Address of Premises: _____

Is premises within 100ft of a church?   ☐ Yes   ☐ No

I, the undersigned, hereby make application for license for (check all that apply):

☐	Original Package Tasting	$37.50
☐	Malt Liquor - Original Package	$75.00
☐	Malt Liquor - By The Drink	$75.00
☐	Malt Liquor and Light Wines - By The Drink	$75.00
☐	Intoxicating Liquor - Original Package	$150.00
☐	Intoxicating Liquor - By The Drink	$450.00
☐	Sunday Sales	$300.00

TOTAL _____

Under the terms and provisions of Chapter 600 of the Code of the City of Smithville relating to the manufacture and sale of intoxicating liquor in the City of Smithville, Missouri, to be issued in the name of the above described premises.

I further state that I will be the managing officer of the business as such is proposed to be licensed; that I hereby accept and agree to the terms and provisions of said Chapter 3 and to the Statutes of the State of Missouri (as amended), and of the United States, in regard to the manufacture and sale of intoxicating liquor; that I possess the qualifications required by the terms of said Chapter 3 and the Statutes of the State of Missouri (as amended) for applicants for such license, and that the business so desired to be authorized by such license shall be carried on exclusively in and at the above described premises in the City of Smithville, Clay County, Missouri:

Managing Officer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

_____
Signature of Managing Officer/Date

_____
Print Name And Title of Applicant

MANAGING OFFICER
BACKGROUNDCHECK APPLICATION

Instructions: Please print legibly. Allow time for a background investigation to be completed.

Name: _____
        First   Middle   Last

Email: _____ Phone: _____ Alt. Phone: _____

Address: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Race:_____ Sex:_____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Social Security Number: _____ Driver's License Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Business Requesting Liquor License: _____ Phone: _____

Have you had a liquor license in Smithville?   Yes   No   When: _____ Employer: _____

Have you been convicted of a crime that was classified as a felony when the charge was drug or alcohol related within two years of the application date? Yes   No

Have you been convicted of a crime that was classified as a misdemeanor when the charge was drug or alcohol related within two years of the application date?   Yes   No

If you answered yes to the question about felony or misdemeanor convictions, complete the following:

1. Conviction Date: _____ City/County/State of Conviction: _____

   Charge: _____

2. Conviction Date: _____ City/County/State of Conviction: _____

   Charge: _____

I certify that the answers given by me to the questions and statements on this application are true and correct without consequential omissions of any kind whatsoever. I agree that the City of Smithville shall not be liable in any respect if my license is terminated or disapproved because of falsity of statement, answers, or omissions made by me in this application.

Signature: _____ Date: _____