



For City use only		
10.20.3053	Fee Received \$	Date

**CITY OF SMITHVILLE, MISSOURI  
LIQUOR LICENSE APPLICATION**

\_\_\_\_\_  
(Licensee name as it appears on State liquor license application)

\_\_\_\_\_. (DBA  
name as it appears on State liquor license application)

Address of Premises to be licensed \_\_\_\_\_

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

I, the undersigned, hereby make application for license for (please check all applicable categories):

- |   |          |       |
|---|----------|-------|
| <input type="checkbox"/> Malt Liquor - original package.....                | \$75.00  | _____ |
| <input type="checkbox"/> Malt Liquor – by the drink.....                    | \$75.00  | _____ |
| <input type="checkbox"/> Malt Liquor and Light Wines – by the drink.....    | \$75.00  | _____ |
| <input type="checkbox"/> Intoxicating Liquor – original package.....        | \$150.00 | _____ |
| <input type="checkbox"/> Intoxicating Liquor - by the drink.....            | \$450.00 | _____ |
| <input type="checkbox"/> Sunday Sales.....                                  | \$300.00 | _____ |
| <input type="checkbox"/> Tasting Permit .....                               | \$37.50  | _____ |
| <input type="checkbox"/> Temporary Permit (Special Event) by the drink..... | \$37.50  | _____ |
| 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: \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

LIQUOR LICENSE CORRESPONDENCE MAILING ADDRESS:

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Managing Officer (Applicant)

\_\_\_\_\_  
Print name and title of applicant



**MANAGING OFFICER BACKGROUND CHECK  
APPLICATION SMITHVILLE, MISSOURI**

Instructions: Print legibly. A background investigation will be conducted, and you may have to allow time for an accurate investigation to be completed.

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Other Name Used: \_\_\_\_\_

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 \_\_\_\_\_

List past addresses for the last five (5) years, with number (1) the most recent:

1: \_\_\_\_\_ 3: \_\_\_\_\_

2: \_\_\_\_\_ 4: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name of Business) (Address)

Business requesting the liquor license: \_\_\_\_\_ Opening Date: \_\_\_\_\_  
(Name of Business)

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:

Date of Conviction	City/County/State where convicted	Charge
_____	_____	_____

Date of Conviction	City/County/State where convicted	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.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_