



City of Washington Alcohol License Annual Application

To the City Council of the City of Washington, Missouri:

The undersigned respectfully makes application to obtain the following liquor license: (see last page for Liquor Fee Schedule).

- Business Name: _____
- Business Address: _____
- Name of Applicant: _____
- Applicant's Address: _____
- Applicant's previous address if have not resided at the above for the past five years or more: _____

▪Telephone # _____ Fax # _____ E-mail _____

▪State ID # _____ Federal Tax # _____ SSN _____

▪Date and place of birth: _____

-If foreign born, state dated and place of naturalization: _____

▪How long has applicant resided in the state of Missouri: _____ Applicant is a registered voter in Precinct #: _____ Of _____ Township in _____ County, Missouri

-If in a Partnership, state names, address, phone numbers, and date of birth of all partners. (List separately)

-If in a Corporation, state names, addresses, phone numbers, and dates of birth for all officers, directors, and stockholders owning 10% or more interest in the Corporation. (List separately)

-If in an Athletic Association, state names, addresses, phone numbers, and dates of birth for all trustees. (List separately)

▪In what business is each of any of the persons engaged. *(List separately)*

▪State name of Partnership, Corporation, or Athletic Club: _____

▪Number of members _____ Give names, addresses, and date of birth for all other persons who have or propose to have any interest in the business for which licenses is desired. *(List separately)*

If yes, When _____ Where _____

▪Nature of business: _____

▪Has applicant ever had a license to sell liquor revoked? _____ *If yes, When _____ Where _____*

▪Has applicant had any direct or indirect interest in any business of any other person or corporation, or any employee, officer, agent, subsidiary, or affiliate hereof, to sell intoxicating liquor at retail, by the drink, for consumption on the premises described any such license, if so state full details: _____

▪Has applicant directly or through any employee, officer, agent, subsidiary, or affiliate, had any other license to sell intoxicating liquor? *If yes, how many _____ . If yes, give location of license premises: _____*

▪Has any employee or proposed employee ever had a license to sell liquor revoked? _____ Has any employee or proposed employee ever been convicted or pleaded guilty to any criminal charge:

If yes, state

1. Nature of charge: _____

2. Whether it was a conviction or plea of guilt: _____

3. Date of conviction or plea: _____

4. In what court: _____

Information on any employee hired after submission of the original paperwork must be forwarded to the Chief of Police to assure compliance with the codified code of the City of Washington.

▪Address on which intoxicants are to be sold (include name of the business or organization): _____

▪Give name and address of the owner of the building in which the business is to be conducted: _____

▪Give name and address of agent of said building: _____

•Is any equipment being used at the property owned, leased, or borrowed by the applicant? _____
•If yes, from whom is it leased or borrowed from? _____

•Is applicant indebted to any person for money or property to be used in the licensed business? _____
If yes, state the amount of indebtedness and to whom it owed _____

•Are there any schools, churches, public parks, or playgrounds near? _____
If yes, who and how far is each from the business? _____

Requirements:

1. **Copy of the current City of Washington Business License**
2. **Completed and Notarized City of Washington Application**
3. **Copy of managing officer's voter registration card**
4. **Paid personal Property and Real Estate Tax receipt of managing officer**
5. **Paid tax receipts of the business. (New Businesses are exempt)**
6. **Proof of amount of food sales (Restaurants only).** Form MO 829-A0035 Verification of food & alcohol sales/schedule of gross receipts can be obtained by going to www.dps.mo.gov. Click the Alcohol & Tobacco Tab and using the Find a Form box, search for food sales.
Restaurants with Sunday Sales-Effective August 8, 2012, The State of Missouri consolidated the 13 Sunday Liquor licenses into two: Sunday by the drink and Original Package-Spirits, Wine and/or beer \$200.00 and Sunday by the Drink-Convention Trade Area-St. Louis & Kansas City \$600.00. This eliminates the food sale requirement.
7. **Copy of the State of Missouri Renewal Application or Completed and notarized State of Missouri Application.** (To received information about state liquor application contact Keith Hendrickson, Liquor Control Agent, at (573) 751-2333. To receive information about the County licensing, contact the Franklin County Clerk at (636) 583-6355.
8. **State of Missouri "NO TAX DUE" Statement for sales and or use tax.** (By contacting the Department of Revenue (573) 751-9268, a business can register for a Sales Tax ID # and for a "No Tax Due Statement". If your business is already registered with the Department of Revenue, go to <http://dor.mo.gov>, click on the Business Tab, scroll down to No Tax Due Information. You will need your Tax Number and PIN (found on your Sales Tax Return) and you will be able to print the certificate.
9. **Completed and approved "REQUEST FOR CRIMINAL RECORDS CHECK" on owners and managing officers.** This can be obtained through the Missouri State Highway Patrol Headquarters in Jefferson City by contacting (573) 751-3313 or by going to www.mshp.dps.mo.gov. Click the Programs/Services tab and Background Checks/MOVECHS. There will be a charge for the Personal Identifier Search.
You may also go to www.mocriminalrecords.com, there is a place specifically for the City of Washington. There will be a charge for this service. This service notifies the City when you have made the request. You may also contact (573) 761-757. Please allow 6-8 weeks for processing.
10. **Application Fee (Make checks payable to City of Washington). You can submit this in person or mail to 405 Jefferson Street Washington, MO 63090**

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OFFICE USE ONLY: TYPE OF LICENSE APPLYING FOR: _____

TOTAL \$ _____ DATE PAID _____ TAKEN BY _____
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State of Missouri-County of Franklin-SS

_____ of the City of _____, County of _____,
and State of _____, being first duly sworn on his/her Oath states that the foregoing
facts and statements set out in the foregoing application for a license to sell or manufacture intoxicating
liquor in the City of Washington, Missouri are true.

(Signature of Applicant)

Subscribed and sworn to before me, this _____ day of _____, 20____
My Commission expires: _____

(Signature of Notary)

City of Washington
405 Jefferson Street Washington, MO 63090
Phone (636) 390-1048, Fax (636) 390-1068, or email ntope@washmo.gov

City of Washington Liquor Fee Schedule



Fees	
Sale at Retail in the Original Package	
Malt Liquor:	\$50.00
Intoxicating Liquor of All Kinds:	\$100.00
Sale at Retail by the Drink	
Malt Liquor:	\$50.00
Malt Liquor and Light Wines:	\$50.00
Intoxicating Liquor of All Kinds:	\$300.00
Supplementary Licenses	
Sunday Sales:	\$200.00
Tasting Permit:	\$25.00
Wholesale	
Malt Liquor:	\$100.00
Intoxicating Liquor or All Kinds:	\$100.00
Manufacture	
Intoxicating Liquor of All Kinds:	\$150.00