

# APPLICATION INSTRUCTIONS FOR LIQUOR LICENSE

## ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

1. Webster Groves Liquor License Application, completed in full, and check for applicable fees.
2. Completed Applicant Release form, Attachment A.  
**NOTE:** Any application by a partnership, joint venture or group other than a corporation, shall submit a list of all individuals who are members of said partnership, joint venture or group and a Supplemental Applicant Release form for each.
3. If business is a corporation, supply the names and addresses of its: (1) Registered Agent; (2) Officers of the Corporation; and (3) Directors of the Corporation
4. Proof of voter registration in the State of Missouri
5. Proof of paid taxes of the applicant for the City, County and State in which the applicant resides

### LICENSE FEES

All fees are to be paid in advance

[Pro-rated Fees: Of the license fees to be paid for any such license, the applicant shall pay as many twelfths as there are months remaining from the date of license to the next succeeding June 30]

### CHANGE OF STATUS

Applicant is required to notify the City of any change of management or ownership or other pertinent information as soon as possible.

### EXPIRATION DATE

All liquor licenses expire June 30<sup>th</sup> of each year.

*As of July 1, 1998, all new applicants must submit a \$2000.00 surety bond when making application. (See Sec. 42.028 and/or Sec. 42.050)*

**CITY OF WEBSTER GROVES**  
**APPLICATION FOR LIQUOR LICENSE**

THE UNDERSIGNED RESPECTFULLY MAKES APPLICATION FOR A LICENSE.  
(CHECK ALL LICENSES REQUIRED)

- ( ) \$400.00      **1.      RETAIL LIQUOR BY THE DRINK**  
Sales of all kinds of intoxicating liquor for consumption on the premises where sold
- ( ) \$37.50      **2.      3.2% BEER BY THE DRINK**  
Retail sales of malt liquor for consumption on the premises where sold
- ( ) \$52.50      **3.      5% BEER BY THE DRINK-WINE**  
Retail sales of malt liquor and wine, for consumption on the premises where sold
- ( ) \$300.00      **4.      SUNDAY RETAIL LIQUOR BY THE DRINK**  
Retail Sunday sales of intoxicating liquor for consumption on the premises where sold
- ( ) \$150.00      **5.      ORIGINAL PACKAGE LIQUOR**  
Retail sales of intoxicating liquor, not to be consumed on the premises where sold
- ( ) \$45.00      **6.      ORIGINAL PACKAGE 5% BEER**  
Retail sales of malt liquor not to be consumed on the premises where sold
- ( ) \$150.00      **7.      SUNDAY ORIGINAL PACKAGE LIQUOR**  
Retail sales of all kinds of intoxicating liquor, not to be consumed on the premises where sold
- ( ) \$35.00      **8.      WINE TASTING**  
To conduct wine-tasting on the premises of a licensed establishment

**PLEASE PRINT**

1. CITY BUSINESS LICENSE APPLIED FOR \_\_\_\_\_ YES \_\_\_\_\_ NO

2. NAME OF COMPANY \_\_\_\_\_

d/b/a \_\_\_\_\_

Location of Business \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Home Phone Number (If individual applying) \_\_\_\_\_

MAILING ADDRESS (If different than above)

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

3. DESCRIPTION OF PREMISES

*(NOTE: Must be the same as shown on you State Liquor License)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. IF APPLICATION IS FOR LICENSE TO SELL PACKAGE LIQUORS,  
applicant states that the gross sales of wares & merchandise, exclusive of  
intoxicating liquors, tobacco and lottery tickets, must exceed fifty percent (50%)  
of the business's gross sales; **each application for license shall be accompanied  
by appropriate records of the business documenting compliance with said  
provision.**

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5. INFORMATION REGARDING APPLICANT

A. INDIVIDUAL APPLICATION

NAME \_\_\_\_\_

S.S.# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

B. PARTNERSHIP APPLICATION

*Provide on a separate sheet of paper, as to each Partner, the following:*

NAME \_\_\_\_\_

S.S.# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

C. CORPORATE APPLICATION

*Provide on a separate sheet of paper, as to each Stock/shareholder (if five or fewer), the following:*

NAME \_\_\_\_\_

S.S.# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

D. NAME OF MANAGER OF PROPOSED BUSINESS:

NAME \_\_\_\_\_

S.S.# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

6. ANY INDIVIDUAL OR PARTNERSHIP APPLICANT OR THE MANAGER OF THE PROPOSED BUSINESS ON BEHALF OF A CORPORATE APPLICANT MUST ALSO PROVIDE THE FOLLOWING INFORMATION:

A. Registered to vote from this address:

\_\_\_\_\_

City of St. Louis or County of St. Louis

B. Taxpaying Citizen of the State of Missouri \_\_\_\_\_ YES \_\_\_\_\_ NO

7. IF AN INDIVIDUAL, ANSWER THE FOLLOWING ITEMS AS TO YOURSELF; IF A CORPORATION OR PARTNERSHIP, ANSWER THE FOLLOWING ITEMS IN TERMS OF THE CORPORATION, PARTNERSHIP, ANY STOCKHOLDER, OFFICER AND MANAGING OFFICER:

A. Do you have any interest in any liquor license other than which is now in force?  
If so, give details:

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B. Have you previously held a liquor license of any type? If so, when and where:

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C. Have you ever had a liquor license suspended or revoked? If so, give details:

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D. Has any individual to be employed on the licensed premises had a liquor license suspended or revoked? If so, identify the individual and give details:

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E. Have you ever been convicted of any violation of a federal law, state statute, or local ordinance relating to intoxicating liquor? If so, give details:

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F. Has any individual to be employed on the licensed premises ever been convicted of any federal law, state statute, or local ordinance relating to intoxicating liquor?  
If so, give details:

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# APPLICANT RELEASE FORM

[ATTACHMENT A]

I UNDERSTAND BY SIGNING THIS ATTACHMENT TO APPLICATION FOR LIQUOR LICENSE, THAT THE WEBSTER GROVES POLICE DEPARTMENT IS AUTHORIZED TO INVESTIGATE MY FITNESS FOR MAKING SUCH APPLICATION FOR A LIQUOR LICENSE, AND ANY MEMBER OF THE WEBSTER GROVES POLICE DEPARTMENT OR OTHER OFFICERS OF THE CITY ARE AUTHORIZED TO MAKE INSPECTIONS OF MY ESTABLISHMENT AFTER THE ISSUANCE OF SAID LIQUOR LICENSE FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH THE LAWS OF THE STATE AND OF THE CITY OF WEBSTER GROVES.

WITHIN TEN (10) DAYS HEREAFTER, I SHALL FURNISH TO THE CITY OF WEBSTER GROVES A RECENT PHOTOGRAPH OF ME, TOGETHER WITH A PHOTOGRAPH OF THE BUSINESS PREMISE EXTERIOR DESCRIBED ON THE APPLICATION.

I UNDERSTAND AND AGREE THAT IF ANY STATEMENT OR ANSWERS IN THE ATTACHED APPLICATION ARE UNTRUE, OR IF I FAIL TO COMPLY WITH THE LAWS OF THE STATE AND THE CITY OF WEBSTER GROVES PERTAINING TO LIQUOR, ANY LICENSE ISSUED UPON THIS APPLICATION MAY BE SUSPENDED OR REVOKED.

I UNDERSTAND BY SIGNING THIS RELEASE I AM AUTHORIZING THE WEBSTER GROVES POLICE DEPARTMENT TO CONDUCT A POLICE RECORD CHECK AND TO TAKE MY FINGERPRINTS AS PART OF THE APPLICATION PROCEDURE AND THOSE PRINTS MAY BE ANALYZED BY THE APPROPRIATE LAW ENFORCEMENT AGENCY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

=====

STATE OF MISSOURI )

) SS

COUNTY OF ST. LOUIS )

COMES NOW \_\_\_\_\_ OF LAWFUL AGE, BEING FIRST DULY SWORN UPON OATH AND STATES THAT HE/SHE HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS AND AGREES WITH THE SAME.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: