



CITY OF FERGUSON LIQUOR LICENSE APPLICATION

Please read and complete all fields and statements contained in this application with extreme care.

NEW APPLICANTS (those who have never held a liquor license at the location currently being sought for liquor license approval) are required to attend a pre-application meeting with the Zoning Administrator and City Clerk to walk through the process for obtaining a liquor license at your specific location. To schedule an appointment, please call 314-524-5152. All new liquor license applications will go to the City Council for conditional approval.

APPROVAL OF ANY LIQUOR LICENSE IS NOT AUTOMATIC. Sec. 4-53 of the Code of the City of Ferguson states, "However, the issuance of a license is a privilege and is discretionary with the Council and shall not be issued as a matter of right."

Should you have any questions about this application, please call the City Clerk at (314) 524-5152.

The undersigned applicant hereby applies to the City Council of the City of Ferguson, Missouri for a liquor license as indicated on the attached application form for the business premises. For the purpose of inducing the City Council to issue said license, applicant(s) makes the statements and answers hereinafter set out and understands and agrees that, if any statement or answer made herein is untrue and the license herein applied for is granted, such license may be revoked or suspended by said City of Ferguson. Applicant further understands and agrees that if (s)he or any employee(s) shall violate the provisions of any law of the State of Missouri or the City of Ferguson, or any rule or regulation of the Supervisor of Liquor Control, or knowingly allows any other person to do so upon licensed premises, the City Council may suspend or revoke the license granted hereunder. Applicant(s) further agrees that, if the license is granted, inspections may be made in accordance with the regulations passed by the City Council.

All Liquor Licenses issued are valid from the date of issuance to June 30 following issuance (at which point a renewal is required).

We issue this cautionary memo in your interest. We want to ensure that there is no misunderstanding about the possible approval or disapproval of the application. You should not make any unnecessary financial commitment or expense in anticipation of approval. If you do so, it is at your own risk.



Liquor License Application

City of Ferguson

Office of the City Clerk

OFFICE USE

License Number

LICENSE INFORMATION

Application is hereby made to the City Council of the City of Ferguson, Missouri, for a license for the sale of (check all that apply):

<input type="checkbox"/> Package Liquor (Monday-Saturday)	\$150.00
<input type="checkbox"/> Package Liquor PLUS Sunday Sales	\$450.00
<input type="checkbox"/> Beer, Wine, and Malt Liquor by the Drink (Monday-Saturday Only)	\$52.50
<input type="checkbox"/> Beer, Wine, and Malt Liquor by the Drink PLUS Sunday Sales	\$352.50
<input type="checkbox"/> All Kinds of Intoxicating Liquor by the Drink (Monday-Saturday Only)	\$450.00
<input type="checkbox"/> All Kinds of Intoxicating Liquor by the Drink PLUS Sunday Sales	\$750.00
<input type="checkbox"/> Tasting License (Wine, Malt Beverage, Distilled Spirits)	\$25.00
<input type="checkbox"/> Temporary Event Permit (Up to 7 Days)	\$25.00
<input type="checkbox"/> Manufacture and Distribution of Beer	\$450.00

New Application or Renewal?

New Application

Renewal

BUSINESS INFORMATION

Business Address (to be licensed):

Description of Licensed Premises:
(i.e. bar & patio on East side of building)

Do you own, rent, or lease the premises?

Own

Rent*

Lease*

*Landlord Name:

*Landlord Address:

Type of Operation:

Sole Proprietorship Partnership Corporation LLC

Business Name:

Type of Business (to be licensed):

Verified Use with Zoning Administrator:

Yes No*

*call 314-524-5257

Zoning District:

Trade Name (DBA):

Business Phone Number:

Missouri Sales Tax ID:

Hours of Operation:

Business Owner Name:

Owner Phone:

Business Owner Address:

Does anyone else have a financial interest in this business?

(attach a list with names/addresses of all persons who will share in income and expenses of business)

Yes* No

If a license is granted, do you understand and agree that you will first obtain the approval of the City Council before naming any other person as managing officer during the term for which the license is granted and will provide the City Council with the same information required within for the present applicant?

Yes No

Will food be served on the licensed premises?

*Describe:

Yes* No

Will entertainment be provided for customers?

*Describe:

Yes* No

APPLICANT (MANAGING OFFICER) INFORMATION

Full Legal Name:		Social Security Num.:	
Residency Address*:		Date of Birth:	
(Mailing address for corporation or management office, or residence of individual)		Years at Address:	
*If less than five years, please provide addresses where applicant(s) have resided for the previous five years			
Address 1:		Date of Residency:	
Address 2:		Date of Residency:	
Address 3:		Date of Residency:	
Email Address:			
Cell Phone:		Alternate Phone:	
In what City, Town, or Village does the applicant pay taxes?			
In what County is applicant registered to vote? *Please attach proof of voter registration.			
Is applicant a native-born citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is applicant a naturalized citizen of the United States?*		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Naturalization Number:		*Date:	
Have you ever had any license issued by the Supervisor of Liquor Control of the State of Missouri, or by the licensing authority of any other State or City suspended or revoked?			<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked		
Is there now employed, or will you employ, in the business sought to be licensed, any person who has at any time had a license from the Supervisor of Liquor Control of the State of Missouri suspended or revoked?			<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked		
Is there any person having a financial interest in the business sought to be licensed who has at any time had a license from the Supervisor of Liquor Control of the State of Missouri suspended or revoked?			<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked		
Have you ever been convicted of any crime in any County, State, or Federal Court?			<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:			
Have you ever been convicted of the violation of any local, State, or Federal law relating to intoxicating liquor, gambling, immorality, fighting, or peace disturbance?			<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:			
Is there any person having a financial interest, in the business sought to be licensed hereunder, been convicted of any crime?			<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:			

Are you or any member of your household or immediate family currently financially interested directly or indirectly in any other license issued by the Supervisor of Liquor Control of the State of Missouri which is now in force?		<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:		
Have you at any time in the past held a license from the Supervisor of Liquor Control of the State of Missouri?		<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:		
Have you ever made application for a license from the Supervisor of Liquor Control of the State of Missouri, or by the licensing authority of any other state or city which was denied?		<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:		
Do you have any interest, directly or indirectly, in any brewery, winery, distillery, rectifying or blending plant, or wholesale liquor concern, either as part-owner, stockholder, agent, employee, or otherwise?		<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please explain:		
REQUIRED ATTACHMENTS		
<input type="checkbox"/> 1) Complete & Notarized City of Ferguson Liquor License Application (this document, pages 1-4) <input type="checkbox"/> 2) Missouri License/Application <input type="checkbox"/> 3) County License/Application <input type="checkbox"/> 4) Proof of Voter Registration <input type="checkbox"/> 5) No Tax Due Verification <input type="checkbox"/> 6) Paid Personal Property Tax Verification <input type="checkbox"/> 7) Inventory List <input type="checkbox"/> 8) Background Check <input type="checkbox"/> 9) Exterior Inspection ¹ <input type="checkbox"/> 10) Notice Regarding Revocation or Suspension of License (this document, page 5) <input type="checkbox"/> 11) Required Affidavits for Specific Liquor License Types <ul style="list-style-type: none"> a) All License Types – Required for all Application Types (this document, page 6) b) Package Liquor License – Grocery & General Merchandise Stores (this document, page 7)² c) Package Liquor License – Gasoline Service Stations (this document, page 8)³ 		

¹ Required for all applicants; however for new applicants this comes after conditional Council Approval

² Only required for license in connection with the operation of a general merchandise store, grocery store, cigar/tobacco store, drug store, confectionary, or delicatessen

³ Only required for license in connection with the operation of a gasoline service station

Business Owner Signature

Date

, of lawful age, being first duly sworn upon oath (Business Owner) deposes and states that he/she/they is the (owner of the corporation or partnership seeking the license herein), that he/she/they has read this application and fully understands same, that said license will be subject to all of the ordinances of the City pertaining to the operation of said business and agrees that they will abide by all lawful ordinances, regulations and rules adopted by the City relating to the conduct of said business, that they are in all respect qualified in law to receive such license, and that the answers and statements set out in the application herein are true and correct.

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

My Commission Expires:

STATE OF _____) SS
COUNTY OF _____)

Applicant (Managing Officer) Signature

Date

, of lawful age, being first duly sworn upon oath (Individual or Managing Officer) deposes and states that he/she/they is the managing officer of the corporation or partnership seeking the license herein (applicant), that he/she/they has read this application and fully understands same, that said license will be subject to all of the ordinances of the City pertaining to the operation of said business and agrees that they will abide by all lawful ordinances, regulations and rules adopted by the City relating to the conduct of said business, that they are in all respect qualified in law to receive such license, and that the answers and statements set out in the application herein are true and correct.

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

My Commission Expires:

STATE OF _____) SS
COUNTY OF _____)

OFFICE USE ONLY: REVIEW AND APPROVALS

Planning/Zoning Approval	Allowable Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Hearing Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Planning/Zoning Signature	Date: _____		
Public Works Approval	Interior/Exterior Inspection <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Occupancy Permit Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Works Signature	Date: _____		
Finance Approval	Business License <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	
Finance Signature	Date: _____		
City Clerk Approval	All Required Attachments Included in Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City Clerk Signature	Date: _____		
Council Hearing Date:	License Fee:	Date Paid:	
LICENSE EXPIRES JUNE 30 FOLLOWING ISSUANCE		Date of Issuance:	



Notice Regarding Revocation or Suspension

NOTICE REGARDING REVOCATION OR SUSPENSION OF LICENSE

By making application for a liquor license, Applicant agrees to pay in full the fee required for the requested license and understands that, if issued, the license will be subject to all laws of the State of Missouri and all Ordinances of the City of Ferguson pertaining to the operation of the business and agrees that the Applicant, Owner, and Operator will abide by all laws, ordinances, regulations, and rules adopted by the State and City relating to the conduct of said business.

Additionally, Applicant understands and acknowledges that the City may suspend, revoke, or otherwise discipline the business license in the event that the business fails to remit sales taxes to the State of Missouri or under the provisions of Section 285.535 R.S.Mo. Applicant waives separate notice by the City in these instances.

In addition, the license may be suspended or revoked in accordance with Section 4-36 of the Municipal Code of the City of Ferguson or upon other notice to the Applicant and other proper procedure.

ALL NOTICES WILL BE SENT TO THE APPLICANT AS APPEARS ON THIS FORM AND TO NO OTHER PERSON.

NOTICES TO BE SENT TO

Name of Applicant: _____

Mailing Address: _____

Applicant (Managing Officer) Signature

Date



Liquor License Affidavit (A)

All Licenses

AFFIDAVIT REQUIRED FOR ALL LICENSES

No person shall, under any condition, be granted a license unless such person:

1. Is of good moral character;
2. Is a qualified legal voter in the county of residence at the time of application or any renewal of a license;
3. Is an assessed tax-paying citizen of a county, city, town, or village, of residence at the time of application or any renewal of a license;
4. Owes no taxes, license fees, special assessment or service charges, fines, or penalties at the time of application or any renewal of a license;
5. Individually or any officer, director, shareholder of a corporate applicant, has not been convicted of a felony or of any violation of any laws of the United States or any state involving the distribution, sale, or possession of any controlled substance or dangerous drugs;
6. Has no prior revocation of a liquor license;
7. Has not been convicted, since the ratification of the twenty-first amendment to the Constitution of the United States, of a violation of the provisions of any law applicable to the manufacture or sale of intoxicating liquor;
8. Has not violated any provisions of any law applicable to the manufacture, sale, or distribution of intoxicating liquor;
9. Will not employ in his business and has not employed in his business, at any other location, a person whose license has been revoked or who has been convicted of violating the provision of any liquor laws;
10. Is in fact the true applicant and is making the application in his own name and has a financial interest in the business;
11. Shall present with the application a bona fide sale contract or option duly executed, which may be subject to applicant obtaining a license, or a bona fide lease duly executed, subject to applicant obtaining a liquor license, covering the property for which a license is requested;
12. Has reached his twenty-first birthday;
13. Shall present with the application a certificate of compliance with the Commercial Exterior Appearance Code issued by the department of public works for the premises to be licensed.

I, _____, Applicant, hereby state that I am in compliance with all applicable law including all City Ordinances; state laws and regulations pertaining to the collection and remittance of sales tax; and state law and regulations pertaining to employment, including the provisions of Section 285.525 R.S.Mo. et seq.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public
My Commission Expires:

STATE OF _____) SS
COUNTY OF _____)



Liquor License Affidavit (B)

Package Liquor License – Grocery & General Merchandise Stores

AFFIDAVIT FOR PACKAGE LIQUOR LICENSE – GROCERY & GENERAL MERCHANDISE STORES

I, _____, being duly sworn upon my oath,
say that I am _____ of _____ and
(owner, partner, etc.) (business name)

that said business is engaged in, and the license herein applied for is to be used in connection with, the operation
of one or more of the following businesses:

<input type="checkbox"/> Drug Store	<input type="checkbox"/> General Merchandise Store
<input type="checkbox"/> Confectionary	<input type="checkbox"/> Cigar/Tobacco Store
<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Grocery Store

I also affirm that said _____ will have stock of goods in the store for
(type of business)

which a license is being sought of the kind ordinarily carried in such business with the value of at least
\$1,000.00; that **an itemized inventory of said stock of goods (exclusive of fixtures or intoxicating liquor) is
hereto attached**; that all of said goods are saleable, and that they are prominently displayed and offered to the
public for sale in said store, and will be displayed and offered for sale at all times as prominently as liquor is
displayed and offered for sale; that, as said merchandise is sold it will be replaced with other saleable
merchandise, and said stock of goods will at all times be maintained at a value of at least \$1,000.00 exclusive of
intoxicating liquors and fixtures.

Applicant (Managing Officer) Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public
My Commission Expires:

STATE OF _____) SS
COUNTY OF _____)



Liquor License Affidavit (C)

Package Liquor License – Gasoline Service Stations

AFFIDAVIT FOR PACKAGE LIQUOR LICENSE – GROCERY & GENERAL MERCHANDISE STORES

I, _____, being duly sworn upon my oath,
say that I am _____ of _____ and
(owner, partner, etc.) (business name)

that said business is engaged in, and the license herein applied for is to be used in connection with, the operation
of a gasoline service station.

I also affirm that said gasoline service station conforms to all of the following minimum requirements:

1. The business contains no less than four hundred fifty (450) square feet of sales display area; and
2. Selling and display space for alcoholic beverages shall be limited to a maximum of twenty (20) percent of the total selling space; and
3. The business shall keep and maintain at all times a stock of no less than seven hundred fifty (750) separate and distinguishable products for sale, exclusive of alcoholic beverages, tobacco products, automotive parts and supplies, and gasoline; and
4. The business must have and keep a stock of goods having a value, according to invoices, of at least seven thousand five hundred dollars (\$7,500.00) exclusive of alcoholic beverages, tobacco products, automotive parts and supplies, and gasoline; and
5. Advertising of alcoholic beverages shall not be permitted on gasoline islands.

Applicant (Managing Officer) Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public
My Commission Expires:

STATE OF _____) SS
COUNTY OF _____)