



**CITY OF FERGUSON
LIQUOR LICENSE APPLICATION**

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."

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.

Should you have any questions about your application, please do not hesitate to 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.

BUSINESS INFORMATION

Type of Operation: () Sole Proprietorship () Partnership () Corporation () LLC

Name of Business: _____

Trade Name (DBA): _____

Business Telephone Number: _____ Missouri Sales Tax ID: _____

Type of Business to be Licensed: _____

Business Address to be Licensed: _____

Do you own, rent, or lease the premises? Own _____ Rent _____ Lease _____

If you rent or lease, please provide name and address of property owner and/or landlord:

Hours of Operation: _____

Description of Licensed Premises: _____

i.e. Bar and Patio on East Side of Building. _____

Managing Officer Name: _____

Managing Officer Address: _____

Business Owner Name: _____

Business Owner Address: _____

Does anyone else have a financial interest in this business? Yes _____ No _____

If yes, attach a list with names/addresses of all persons who will share in income and expenses of business.

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 above for the present applicant?

Yes _____ No _____

Business Owner or Corporate Officer Signature

Date

STATE OF _____)

)SS

COUNTY OF _____)

Subscribed and sworn before me in my presence this ____ day of _____, 20____.

Notary Public

MY COMMISSION EXPIRES:

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):

_____	Package Liquor (Monday-Saturday Only)	\$150.00
_____	Package Liquor PLUS Sunday Sales	\$450.00
_____	Beer, Wine, and Malt Liquor by the Drink (Monday-Saturday Only)	\$ 52.50
_____	Beer , Wine, and Malt Liquor by the Drink PLUS Sunday Sales	\$352.50
_____	All Kinds of Intoxicating Liquor by the Drink (Monday-Saturday Only)	\$450.00
_____	All Kinds of Intoxicating Liquor by the Drink PLUS Sunday Sales	\$750.00
_____	Tasting License (Wine, Malt Beverage, Distilled Spirits)	\$ 25.00
_____	Temporary Event Permit (Up to 7 Days)	\$ 25.00
_____	Manufacture and Distribution of Beer	\$450.00
TOTAL LICENSE FEE		\$ _____

Please make checks payable to the City of Ferguson.

APPLICANT (MANAGING OFFICER) INFORMATION

Full name of applicant: _____

Social Security Number: _____ Date of Birth: _____

Residence Address: _____

(Mailing address for corporation or management office, or residence of individual or partners)

How long have you resided at this address? _____

If less than five years, please provide addresses where applicant(s) have resided for the previous five years:

Home Phone: _____ Cell Phone: _____ Other _____

In what City, Town, or Village does the applicant pay taxes? _____

If in St. Louis County, please provide Personal Property Tax Account Number: _____

The account number will be used to verify paid personal property taxes. A paid tax receipt may be provided, in lieu of providing account number.

In what County is applicant registered to vote? _____

Please attach proof of voter registration.

Is applicant a native born citizen of the United States? Yes _____ No _____

Is applicant a naturalized citizen of the United States? Yes _____ No _____

If naturalized citizen:

Naturalization Number: _____

Date of Naturalization: _____

District: _____

1. 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?

Yes _____ No _____ Suspended _____ Revoked _____

If yes, please explain: _____

2. 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?

Yes _____ No _____ Suspended _____ Revoked _____

If yes, please explain: _____

3. 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?

Yes _____ No _____ Suspended _____ Revoked _____

If yes, please explain: _____

4. Have you ever been convicted of any crime in any County, State, or Federal Court?

Yes _____ No _____ If yes, please explain: _____

5. 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?
 Yes _____ No _____ If yes, please explain: _____

6. Is there any person having a financial interest, in the business sought to be licensed hereunder, been convicted of any crime?
 Yes _____ No _____ If yes, please explain: _____

7. 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?
 Yes _____ No _____ If yes, please explain: _____

8. Have you at any time in the past held a license from the Supervisor of Liquor Control of the State of Missouri?
 Yes _____ No _____ If yes, please explain: _____

9. 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?
 Yes _____ No _____ If yes, please explain: _____

10. 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?
 Yes _____ No _____ If yes, please explain: _____

11. Will food be served on the licensed premises? Yes _____ No _____ If yes, describe in general terms the type of food service to be provided: _____

12. Will entertainment be provided for customers? Yes _____ No _____ If yes, describe in general terms the type of entertainment to be provided: _____

 Applicant (Managing Officer) Signature

 Date

STATE OF _____)
)SS
 COUNTY OF _____)

Comes now the Applicant _____ of lawful age, being first duly sworn upon oath, and states that he/she has read the foregoing application and fully understands the same, and that the answers and statements given are true and correct. Applicant agrees to comply with the provisions of the Ferguson City Code relating to the sale and distribution of alcoholic beverages.

Subscribed and sworn before me in my presence this ____ day of _____, 20____.

 Notary Public

MY COMMISSION EXPIRES:

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 Signature

Date