### City of Cole Camp 401 W. Main Cole Camp, MO 65325



# APPLICATION FOR Liquor License

\$300.00

#### **INSTRUCTIONS:**

Please TYPE or PRINT this application using only black ink.

Answer all questions fully or indicate "N/A" if not applicable.

Attach copies of any additional supporting documents requested.

Submit completed, notarized application to the City Collector with full payment of required license fee.

#### **SECTION I - TYPE OF LICENSE REQUESTED**

Check one: Renewal { } New { } Fee: \$ Check one: General licenses. A.1. A.1.a. Malt liquor-original package..... \$ 75.00 A.1.b. Non-intoxicating beer-original package..... \$ 22.50 A.1.c. Intoxicating liquor (all kinds)-original package..... \$ 150.00 A.1.d. Malt liquor-by drink Includes Sunday Sales..... \$75.00 A.1.e. Malt liquor and light wines-by drink..... \$ 75.00 A.1.f. Non-intoxicating beer-by drink ..... \$ 37.50 A.1.g. Intoxicating liquor (all kinds)—by drink ...... \$ 450.00 A.1.h. Manufacturing, brewing wine or brandy \$5.00 per 500 gallons or fraction thereof production MAXIMUM ....... \$ 450.00 Total Gallons produced \_\_\_\_\_ Divide by 500 X \$5.00 = A.1.i Microbrewery \$5.00 per 100 gallons or fraction thereof produced ......... \$ 375.00 maximum Sunday sales. (Additional fees) A.2. A.2.a. Intoxicating liquor-original package..... \$300.00

A.2.b. Restaurant bars.....

A.2.c. Amusement places	\$ 300.00
A.2.c. Liquor by the drink-charitable organizations.	\$ 300.00
A.3. Permits.	
A.3.a. Temporary permit-by the drink for certain	organizations (7 days max.) \$37.50
A.3.b. Tasting permit	\$37.50
A.3.c. Caterer	\$ 15.00 p
SECTION II— BUSINESS INFORMATION	
1. TYPE OF OPERATION: ( ) PROPRIETOR	RSHIP ( ) PARTNERSHIP
( ) CORPORATI	ON ( ) L.L.C.
. NAME OF COMPANY:	
BUSINESS PHONE:	
3. TRADE NAME (D/B/A):	
,	
4. BUSINESS ADDRESS  5. MAILING ADDRESS:  SECTION III — APPLICANT INFORMATION	
4. BUSINESS ADDRESS  5. MAILING ADDRESS:  SECTION III — APPLICANT INFORMATION  1. NAME (Proprietor, Primary Partner, Managing Offi	cer Store Manager):
BUSINESS ADDRESS  MAILING ADDRESS:  SECTION III — APPLICANT INFORMATION  NAME (Proprietor, Primary Partner, Managing Office Color Security No	cer Store Manager):
BUSINESS ADDRESS  MAILING ADDRESS:  SECTION III — APPLICANT INFORMATION  NAME (Proprietor, Primary Partner, Managing Office Color Security NoDATE ORIVER'S LICENSE NO	cer Store Manager):
BUSINESS ADDRESS  MAILING ADDRESS:  SECTION III — APPLICANT INFORMATION  NAME (Proprietor, Primary Partner, Managing Office Color Security NoDATE  DRIVER'S LICENSE NO  GENDER: ( ) MALE ( ) FEMALE	cer Store Manager):
A. BUSINESS ADDRESS  MAILING ADDRESS:  SECTION III — APPLICANT INFORMATION  1. NAME (Proprietor, Primary Partner, Managing Office Social Security NoDATE DRIVER'S LICENSE NO  GENDER: ( ) MALE ( ) FEMALE  2. Residence Address:	cer Store Manager):  E OF BIRTH STATE
4. BUSINESS ADDRESS 5. MAILING ADDRESS:  SECTION III — APPLICANT INFORMATION 1. NAME (Proprietor, Primary Partner, Managing Office SOCIAL SECURITY NODATE DRIVER'S LICENSE NO  GENDER: ( ) MALE ( ) FEMALE 2. Residence Address:	cer Store Manager):  E OF BIRTH STATE  ength of Residence f Missouri? ( ) Yes ( ) No (Attach a
BUSINESS ADDRESS  MAILING ADDRESS:  SECTION III — APPLICANT INFORMATION  NAME (Proprietor, Primary Partner, Managing Office Social Security No	cer Store Manager):  E OF BIRTH STATE  ength of Residence f Missouri?() Yes() No (Attach a ipt.)

## SECTION IV - PARTNERSHIPS/CORPORATIONS If Partnership, list name and address of all partners. Corporations List where copy of Stockholder names can be located. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* To Be Completed by New Applicants STATE OF MISSOURI SS COUNTY OF BENTON ) Comes now the Applicant 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 Codified Ordinances of the City of Cole Camp relating to the sale and distribution of intoxicating liquor and non-intoxicating beer. Applicant Signature Subscribed and sworn to before me this day of .202 Notary Public Signature My Commission Expires: \*\*\*\*\*\*\*\*\*\*\*\*\*\* DATE APPROVED BY BOARD: LICENSE TERM: FROM: THROUGH FEE PAID: \$