



**OFFICE OF THE CITY CLERK**  
 100 East Washington Street, P.O. Box 797  
 Kearney, Missouri  
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 EMAIL: [jeldridge@kearneymo.us](mailto:jeldridge@kearneymo.us)

**LIQUOR LICENSE APPLICATION**

**TYPE OF LICENSE REQUIRED:**

- ( ) Retail/Consumption on Premises
- ( ) Retail in Original Package, Manufacturer, Distillation, Wholesale
- ( ) Beer & Wine over 5%, Original Package
- ( ) Sunday Sales

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Description of Premises that the License will cover: \_\_\_\_\_

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

Is the location of the above described premises located within three hundred feet of a church or school building? \_\_\_\_\_

**MANAGING OFFICER INFORMATION:**

NAME*	ADDRESS**	PHONE NUMBER	DATE OF BIRTH	% OWNED	SOCIAL SECURITY NUMBER

\*Criminal Background check is required on all owners listed. These may be obtained from the Missouri State Highway Patrol, 1510 East Elm Street, Jefferson City, Missouri  
<http://www.mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/crimRecChk.html>

**\*\*City Ordinance requires Managing Officer to have Clay County, Missouri residency**

How long has Managing Officer resided in the State of Missouri? \_\_\_\_\_  
 (Attach a copy of the prior year's personal property tax receipt.)

How long has Managing Officer been a legal voter in the State of Missouri? \_\_\_\_\_  
 (Attach a copy of voter registration documentation.)

Will the Managing Officer be the person in active control and supervision of the business during all business hours? \_\_\_\_\_ Part Time \_\_\_\_\_ If Managing Officer will not supervise the business during all business hours, give complete information on proposed or planned supervision.

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

OWNER INFORMATION:

NAME*	ADDRESS	PHONE NUMBER	DATE OF BIRTH	% OWNED	SOCIAL SECURITY NUMBER

\*If the owner is a corporation or partnership, list the information for all officers/partners.

- Does any owner/partner/officer or any member of his/her immediate family or household hold a direct or indirect interest in any other license issued by the Missouri Supervisor of Liquor Control which is now in force? If so, list each licensee name and location of that premises:  


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- Has any owner/partner/officer or any member of his/her immediate family or household ever held a license from the Missouri Supervisor of Liquor Control or ever had a financial interest in any entity which held such a license? If so, list each licensee name and location of that premises:  


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- Has any owner/partner/officer or any member of his/her immediate family or household ever applied for a license from the Missouri Supervisor of Liquor Control or by the licensing authority of any other state, county or city? If so, provide details:  


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- Has any owner/partner/officer or any member of his/her immediate family or household ever held a license or had a financial interest in a license which was suspended or revoked by the Missouri Supervisor of Liquor control or by the licensing authority of any other state, county or city? If so, provide details:  


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- Is there now employed or will you employ, in the business sought to be licensed, any person who has at any time held an interest in a license from the Missouri Supervisor of Liquor Control which were suspended, revoked or denied or any person who has been convicted of a crime? If so, provide details:  


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6. Has any owner/partner/officer ever been employed by any person, partnership or corporation that has had a license suspended or revoked by the Missouri Supervisor of Liquor Control? If so, provide details: \_\_\_\_\_
7. Has any owner/partner/officer or any person with a direct or indirect interest in the business ever been charged with, indicted for, received a suspended imposition of sentence, or convicted of a violation of any Federal law, law of the State of Missouri or of any other state or county? If so, provide details: \_\_\_\_\_
8. Has any owner/partner/officer or any person with a direct or indirect interest in the business ever been convicted of any violation of any city ordinance relating to intoxicating liquor, non-intoxicating beer, gambling, immorality, fighting, peace disturbance or narcotics? If so, provide details: \_\_\_\_\_
9. Has any corporation of which any owner/partner/officer has been managing officer, share-holder or officer ever been charged with, indicted for, received a suspended imposition of sentence, or convicted of a violation of any Federal law, or law of any other state or county? If so, provide details: \_\_\_\_\_
10. Specify if you own, rent or lease the premises of this business: \_\_\_\_\_  
 State the terms of agreement: \_\_\_\_\_  
 Landlord's name and address: \_\_\_\_\_
11. State the name and address of any person, firm or corporation that is or will be providing financing to the business in the form of mortgages, operating loans, equipment leases., not to include normal short-term commercial credit from suppliers of consumable goods. Provide details: \_\_\_\_\_
12. In what bank(s) or other financial institution(s) does/will the applicant maintain the financial accounts for the business seeking license herein? Include both name and address: \_\_\_\_\_
13. Is this business required under Chapter 287 RSMo to provide insurance coverage for worker's compensation? If yes, attach a copy of the certificate. \_\_\_\_\_

**IMPORTANT**

You are required to report any change of fact contained herein within 10 business days.

Sunday Sales: If license application includes Sunday Sales for liquor by the drink, I hereby affirm that at least 50% of the gross income of this business described herein is derived from the sale of prepared meals of food consumed on the premises described herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby state that the answers made to the questions contained herein are true. I understand that false answers made herein may result in the Board of Aldermen's denial of this license application. I agree that if any statements or answers made herein are untrue and the license applied for is granted, such license may be revoked or suspended by the Board of Aldermen.

I understand that any license granted by the Board of Aldermen will be subject to the current provisions of the Code of the City of Kearney and applicable Missouri State laws and regulations, and failure to conform thereto will subject my license to suspension or revocation by the Kearney Board of Aldermen.

Further, I agree to allow inspections made in accordance with the provisions of the Code of the City of Kearney, and I authorize the Kearney Board of Aldermen or it's duly appointed agents to examine and secure copies of any business records or documents established in connection with this business including, but not limited to, those on file with my bookkeeper.

I authorize the Kearney Board of Aldermen or it's duly appointed agents to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, note and loan documents, deposit and withdrawal records and escrow documents of the business' financial institution(s) or any financial records established in connection with the business.

The undersigned owner/partner/officer of the business authorizes the Kearney Board of Aldermen or it's duly appointed agents to conduct a criminal record check of all of the individuals listed herein with an ownership interest in this business.

Signature: \_\_\_\_\_

A copy of this business' Missouri Retail Sales License must be attached to this application. This application shall be filed with the City Clerk of the City of Kearney. Applicant shall be advised at the earliest possible time if the application is approved and if approved, a license will be issued upon payment of proper fees.

**APPROVAL SIGNATURES (WE WILL OBTAIN THESE FOR YOU)**

\_\_\_\_\_  
Tom Carey, Police Chief:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Jim Eldridge, Administrator/Clerk

\_\_\_\_\_  
Date: