New Application
Renewal
Temporary



Filing Date:	
Staff Initial:	

## **City of Frontenac Liquor License Application**

\*\*Upon completion of the application and background check (if required), this application will be presented at the June Board of Aldermen meeting. Approval is by a majority of the members present.\*\*

## Type of License (Class) Requested:

<ul> <li>Restaurant Bar by the Drink</li></ul>	<ul> <li>Malt Liquor, Beer, Light Wine by the Drink</li> <li>Malt Liquor, Beer, Light Wine by the Drink</li> <li>Temporary Permits for Liquor by the Drink</li> <li>Temporary Permits for Malt Liquor, Beer,</li> <li>Temporary Caterers Permit</li> <li>Light Wine and Malt Beverage Tasting</li> </ul>	(includes Sunday) \$252.50 (Class 5) \$150.00 (Class 7) Light Wine by the Drink \$37.50 (Class 7) \$15.00			
(Applicant), the undersigned, hereby makes application for a Class(enumber(s) from above and insert in preceding blanks) on the follow		·			
(describe all premises to be used, including number and description for the term ending on the 30 <sup>th</sup> day of June, 2017, under and subject Frontenac, Missouri, relating to the regulations and control of the same of Business:	ct to the provisions of the laws and ordinance ale of intoxicating liquor. (Chapter 6, Article	es of the City of			
Address of Business:	Frontenac, Missouri 63	131			
Name of Managing Officer:					
Managing Officer's Home Address:					
Street	City/State	Zip			
Managing Officer's Home Phone: Managing Officer's Date of Birth:					
Managina Officer/a Drivers License #					
Managing Officer's Drivers License #:  (*Provide a Copy of Driver's License, if new applicant)					

- Application Complete & Notarized (All applicants)
- Copy of Driver's License (new applicant only)
- Copy of Applicant's Voter Registration Card (new applicant only)
- Copy of Applicant's Most Recent Personal or Real Tax Receipt or Tax Waiver (new applicant only)
- Police Record Check from County in which you live or Missouri Highway Patrol (new applicant only)
- Letter from Company Naming Managing Partner (new applicant only)

	United States? O Ye Number:		Dist		
	/oter? O Yes (Attach rd: Township:	_	ı Certificate, new ap		
	nvicted of a felony? O Ye				
•	nvicted of any violation of ive details	•		•	• .
	ny: al O Partnership O Corpo				
MO DOR Sales Tax Reg	istration Number:				
Federal Employer Iden	tification Number:				
Hours of Operation:		am/pm to am/pm to am/pm to	am/pm		
Detailed description of	where liquor is served:				
Detailed description of	where liquor is served: _				
Detailed description of	where liquor is served: _				
Detailed description of	where liquor is served: _				
Detailed description of	where liquor is served: _				
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The applicant has read		understands, that sa	aid license will be su	ubject to all of the ord	dinances of the City of nces, regulations and
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