



**LIQUOR LICENSE APPLICATION**  
**CITY of CAPE GIRARDEAU**

COMMUNITY DEVELOPMENT, 44 N LORIMIER ST, CAPE GIRARDEAU, MO 63701, 573-339-6327

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

Desired Sales Start Date: \_\_\_\_\_

**All questions (6 pages) on this application must be answered completely before the application will be considered. Answers must be typed or legibly printed. Where necessary, respond on a separate document. A background check must accompany this application. Visit [www.machs.mshp.dps.mo.gov](http://www.machs.mshp.dps.mo.gov) to obtain your background check.**

**Application For (check all that apply)**

5% Liquor by the Drink <input type="checkbox"/>	Wholesalers of Malt Liquor Not in Excess of 5% <input type="checkbox"/>	Sunday Sales <input type="checkbox"/>
Retail Liquor by the Drink <input type="checkbox"/>	Wholesalers of Intoxicating Liquor – Under 22% <input type="checkbox"/>	Wine Tasting <input type="checkbox"/>
Original Package Liquor <input type="checkbox"/>	Wholesalers of Intoxicating Liquor – All Kinds <input type="checkbox"/>	Consumption of Liquor <input type="checkbox"/>
Manufacturers of Beer <input type="checkbox"/>	Distillers/Manufacturers of Liquor <input type="checkbox"/>	Deliver Only <input type="checkbox"/>

<b>Owner's Full Name (First, Middle, Last)</b>		<b>Business Name</b>	
Address		Business Address	
City, State, Zip		City, State, Zip	
Email Address		Number of Stories	Number of Rooms
Business Phone	Applicant Phone	Additional, detailed description of premises – all areas listed are subject to inspection	
Type of Ownership (note special sections by type below)			
Corporation	Partnership	Proprietorship, Sole Owner	

**Are you in present possession of the premises described above?** YES  NO

**Are any alterations to the building or premises currently underway or planned in the immediate future?** YES  NO

**Has there been a liquor license issued within the past six months which was similar or less restrictive?** YES  NO

IF NO: EACH APPLICANT WILL BE GIVEN A SIGN TO BE POSTED ON THE PREMISE TO BE LICENSED FOR AT LEAST TEN DAYS AFTER SUBMISSION OF THE APPLICATION AND PRIOR TO THE GRANTING OF THE LICENSE. THE SIGN WILL CONTAIN THE NOTICE OF APPLICATION. THE APPLICANT SHALL BE RESPONSIBLE FOR POSTING THE SIGN IN A MANNER VISIBLE TO THE GENERAL PUBLIC (SEC. 5-34)

Sign given to applicant on \_\_\_\_\_ to post until \_\_\_\_\_

**Will the licensed premises, or the building in which it is located, be within 200 feet of a school, church or other building regularly used as a place of religious worship?** YES  NO

IF YES: Applicant must obtain consent in writing of the Board of Adjustment as established in Ch. 30 of the City Code

**TO BE COMPLETED BY CORPORATIONS ONLY**

**State the exact corporate name of applicant** \_\_\_\_\_ **State the date and place of incorporation** \_\_\_\_\_

**State the address of the principal office of the corporation** \_\_\_\_\_

**State the names and residence addresses of all officers of the corporation and the office held by each.**

Full Name	Address	Office	DOB

State names of all stockholders and the number of shares owned by each (If not a closely held corporation, list those who own at least 10% of issued stock)

**TO BE COMPLETED BY PARTNERSHIPS ONLY**

State the name the partnership		State date partnership was formed	
State the name of all partners			
Full Name (w/maiden)		DOB	Driver's License No.

**ALL REMAINING QUESTIONS MUST BE COMPLETED BY ALL APPLICANTS**

PROVIDE THE FOLLOWING INFORMATION PERTAINING TO THE MANAGING OFFICER OF THE CORPORATION, EACH PARTNER OF A PARTNERSHIP OF THE OWNER OF A SOLE PROPRIETORSHIP

Managing Officer Full Name (with Maiden if Applicable)			Date of Birth US Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>		Place of Birth	
Current Residential Address			Driver's License Number / State		Social Security Number	
City, State Zip			All Former Driver's Licenses (List number and state)			
List all former names and corresponding dates			List last 15 years of former addresses and corresponding dates			
Name	From	To	Address	From	To	

1. Type of business:
2. Describe all related activities which you intend to conduct on the premise for which you seek a license:
3. Is the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner, or any member of family interested directly or indirectly in any other license issued by the Supervisor of Liquor Control or the City of Cape Girardeau which is now in force? YES  NO  If so, give details:
4. Has the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner, or any member of owner's, managing officer's, or any partner's household or immediate family at any time in the past, held a license from the Supervisor of Liquor Control or the City of Cape Girardeau which was denied? YES  NO  If so, give details:
5. Has the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner, or any member of owner's, managing officer's, or any partner's household or immediate family 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 by any city, suspended or revoked? YES  NO  If so, give details:
6. Has the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner, or any member of owner's, managing officer's, or any partner's household or immediate family 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 by any city, suspended or revoked? YES  NO  If so, give details:
7. Is there now employed, or do you expect to employ, in the business sought to be licensed hereunder any person who has at any time had a license from the Supervisor of Liquor Control revoked or suspended? YES  NO  If so, give details:

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8. Has the owner, managing officer, corporation, any stockholder owning 10% or more of issued stock, or any partner ever been employed by any person, partnership, or corporation that had a license suspended or revoked by the Supervisor of Liquor Control of the State of Missouri? YES  NO  *If so, give details:*

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9. Has any license heretofore issued by the Supervisor of Liquor Control for the premises for which you seek a license ever been suspended or revoked by the Supervisor of Liquor Control of the State of Missouri? YES  NO  *If so, who was the licensee?*

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10. Has the owner, managing officer, or any partner ever been arrested or indicted for the violation of any Federal Law, law of the State of Missouri, or any other state: YES  NO  *If so, give details:*

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11. Has the owner, managing officer, or any partner ever been convicted of any crime in any Missouri Court, any Court of any other State, any Federal Court or any Court of any other Country? YES  NO  *If so, give details:*

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12. Has the owner, managing officer, or any partner ever been convicted of the violation of any ordinance of any city relating to intoxicating liquor gambling, immorality, fighting, or peace disturbance? YES  NO  *If so, give details:*

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13. Has the owner, managing officer or any partner or any member of owner's, managing officer's or partner's household or immediate family ever been convicted of any Federal Law or law of any state concerning intoxicating liquor? YES  NO

*If so, give details as to each conviction, giving name of person convicted, date and nature of offense, court where sentence was entered, and sentence imposed or fine imposed.*

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14. Is there now employed or do you expect to employ, in the business hereunder any person who has been convicted of any crime? YES  NO  *If so, give details:*

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15. Do you own or rent the premises for which you seek a license? OWN  RENT

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16. Who is your landlord?

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17. What interest, if any, does your landlord have, directly or indirectly, in the business which you intend to engage in if the license is granted?

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18. Does your landlord now hold, or has he ever held, a license of any kind issued by the Supervisor of Liquor Control? YES  NO

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19. Did you pay the former owner the total purchase price in cash? YES  NO  *If not, state in detail manner of payment?*

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20. Does the former owner of the business have any interest either directly or indirectly in the business for which you seek a license? YES  NO  *If so, give details:*

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21. Give the name of any person, firm, or corporation holding any mortgage or encumbrances of any kind against the business for which you seek a license.

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22. State names of persons, firm, or corporations that have advanced, or that will advance any money to you to purchase or operate the business for which you seek a license.

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**FOR MANAGING OFFICER OF CORPORATION/PARTNERSHIP:**

STATE OF \_\_\_\_\_ )  
 ) SS.  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, of lawful age, being first duly sworn upon (his, her) oath, deposes and says that (he, she) is the managing officer of the corporation seeking a license hereunder, that (he, she) has been authorized by said corporation to make this application in its behalf, that (he, she) has read this application and the instructions with reference thereto, and that (he, she) fully understand the same and that (he, she) knows the contents thereof and the answers and statements contained therein and the same are true.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_

OFFICE USE ONLY				
<b>Police Dept.</b>	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
<b>Building Inspector</b>	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
<b>Zoning Inspector</b>	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
<b>Health Inspector</b>	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
<b>Fire Inspector</b>	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
<b>FOG Inspector</b>	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
<b>Taxes</b>		<b>Utilities</b>		<b>Special Assessment</b>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>No Tax Due</b>			<input type="checkbox"/>	
<b>License #</b>			<b>Setup Issue</b>	
<b>Bill #</b>			<b>Amount Due</b>	