



City of Neosho  
 203 E. Main  
 Neosho, MO 64850  
 417-451-8050  
 417-451-8065(fax)

New App     Renewal

Date Application Rec'd \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
License # _____	Check # _____
Lic Fee <sup>1</sup> : _____	Cash \$ _____
Delinq. Fee: _____	Credit Card _____
Total Fees: _____	License Delivered _____
	Date _____

Application for Liquor License (Non-Transferable)-Beginning October 1, 2018 & Ending September 30, 2019

<b>OFFICE USE ONLY</b>	
Police Department Approval _____	Date _____
City Finance Department Clearance _____	Date _____
City Manager Approval _____	Date _____

Full Legal Name of Company \_\_\_\_\_

DBA \_\_\_\_\_

Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name(s) of Owner(s) of Company \_\_\_\_\_

Owner(s) Address(es) \_\_\_\_\_

Owner(s) Social Security # (s) \_\_\_\_\_

Owner(s) Date(s) of Birth \_\_\_\_\_

Name of Person Making Application \_\_\_\_\_ Date of Birth \_\_\_\_\_ Check One:  Male     Female

Relationship with Company \_\_\_\_\_ Applicant's SS# \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Company Federal ID # \_\_\_\_\_ MO Tax ID # (MITS) \_\_\_\_\_

Business Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Principal Product or Service Provided \_\_\_\_\_

Is this business inside the Neosho City limits?  Yes     No

Check all items that will be sold:     3.2 Beer by the Drink     Packaged 3.2 Beer     5% Beer by the Drink  
 Packaged 5% Beer     Intoxicating Liquor by the Drink     Intoxicating Liquor, Original Package

Has Company been issued a State license by the Missouri Supervisor of Liquor Control covering the sale of all items checked above?  
 Yes     No    Copy of State permit MUST be attached before license is issued.

First time applicants MUST attach letters attesting to the Applicant's and Corporation Managing Officer's good moral character and reputation from THREE citizens of the City of Neosho, Missouri living within the city limits of Neosho who are well acquainted with the Applicant. Check to indicate that letters are attached.

Does this business possess a general business license in good standing with the City?  Yes     No    # \_\_\_\_\_

Is Company compliant with all City building, fire, health, zoning or other relevant City codes?  Yes     No

Has applicant, or anyone employed in applicant's business, ever had a City Liquor License revoked?  Yes     No

Will applicant sell intoxicating liquor or non-intoxicating beer within one hundred (100) feet of any school, church or other building regularly used as a place of religious worship?  Yes     No

If yes, written consent from such school(s) or religious organization(s) must be attached.

Each owner of Company (or authorized Applicant if publically traded company) swears and affirms each of the following by signing below:

<sup>1</sup> 150% of State Liquor License Fee; PLUS, for original applications only, for establishments less than 100 feet from a church or school (\$250.00 non-refundable fee)

Please list ALL OWNER(S)/MANAGING OFFICER(S) for the company below:

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Personal Description: \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

SS #: \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

Type Auto \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

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Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Personal Description: \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

SS #: \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

Type Auto \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

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Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Personal Description: \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

SS #: \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

Type Auto \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

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Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Personal Description: \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

SS #: \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

Type Auto \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

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- That all the information contained in this Application and supplied in support hereof is true, complete and accurate.
- That Applicant and every individual working for or on behalf of Company is permitted under Federal Immigration laws to work in the United States.
- **That all taxes and fees now due and payable by the Company to the City are paid/current.**
- That Company will abide by and be governed by all the laws and regulations which are now in force or may hereinafter be passed or enacted governing and regulating the sale of 3.2 Beer by the drink or package, 5% Beer by the drink or package or Intoxicating Liquor by drink or original package, as provided by the laws of the State of Missouri and by the ordinances of the City of Neosho Missouri.
- That Owner(s), if individual(s), is(are) native born or naturalized citizen of the United States of America, qualified voter(s) of Missouri, and not since the ratification of the 21<sup>st</sup> Amendment to the Constitution of the U.S. been convicted of a violation of the provisions of any law applicable to the manufacture or sale of intoxicating liquor, and that no person will be employed in such establishment whose license has been revoked or who has been convicted of violating the provisions of such law since the date aforesaid.

**X - Signature of Owner:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**X - Signature of Owner:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**X - Signature of Owner:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**X - Signature of Owner:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>	
_____ License Clerk	Date _____

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