CITY OF PARK HILLS APPLICATION
FOR LIQUOR LICENSE

NAME (PLEASE PRINT) _____

Last Name First Name M.

HOME ADDRESS _____

Number/Street City/State Zip

MAILING ADDRESS (If different from above) _____

TELEPHONE # _____ DATE OF BIRTH _____

SOCIAL SECURITY / DRIVERS LICENSE # _____

HOW LONG HAVE YOU BEEN A RESIDENT OF MISSOURI ? _____

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NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

TELEPHONE # (AT BUSINESS LOCATION) _____

WHAT TYPE OF BUSINESS _____

MISSOURI RETAIL SALES TAX NUMBER _____

ARE YOU THE OWNER OF THIS BUSINESS ? _____ IF NO, PLEASE GIVE OWNER'S NAME AND ADDRESS _____

_____

HAVE YOU EVER HAD A PREVIOUS BUSINESS ? _____ IF YES, WHAT WAS THE NAME AND WHERE WAS THE BUSINESS LOCATED ? _____

NOTE: "The possession of a retail sales license shall be a pre-requisite to the issuance of any city or county occupation license or any state license which is required for conducting any business where goods are sold at retail. The revocation of a retailer's license by the director shall render the occupational license of the state null and void." RSMo. 144.083

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION, SERVED A JAIL OR PRISON SENTENCE OR BEEN ON COURT PROBATION? YES ____ NO ____ IF YES, GIVE DETAILS_____

_____

I authorize the release of any information of Police records or Court records involving me to be released to the City of Park Hills, Missouri. I understand that any mis-statement of material facts shall cause denial of license.

THE FOLLOWING STATEMENT IS ACKNOWLEDGED BY YOUR SIGNING AND DATING: I ATTEST, UNDER PENALTY OF PERJURY, THAT I AM A CITIZEN OR NATIONAL OF THE UNITED STATES. I DO NOT AND WILL NOT KNOWINGLY EMPLOY A PERSON WHO IS AN UNAUTHORIZED ALIEN IN CONNECTION WITH THE BUSINESS FOR WHICH THIS LICENSE HAS BEEN OBTAINED.

_____ _____

DATE OWNER SIGNATURE

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FOR OFFICE USE ONLY

ORIGINAL PKG. - $150.00 / MALT LIQUOR-ORIGINAL PKG. - $75.00 / SUNDAY SALES - $300.00 / RESTAURANT-BAR -$450.00 / MALT LIQUOR-TAVERN - $75.00

LICENSE #_____ LICENSE YEAR_____ DATE APPLIED_____ DATE APPROVED_____

RECORD RESULT_____ OFFICER / 911 OPERATOR CASH / CHECK # _____