



ALCOHOLIC BEVERAGE LICENSE APPLICATION
 CITY OF RAYMORE, MISSOURI
 100 MUNICIPAL CIRCLE
 RAYMORE, MO 64083
 PHONE (816) 331-3324 FAX (816) 331-8724

Applicant Information: Applicant hereby submits the following information concerning the business to be licensed: (any reference to "applicant" in this document is referred to as the owner or managing officer.)			
Renewal : Yes No		I hereby make application for: (Please check the appropriate box below on the left)	
SCHEDULE OF LICENSE FEES			
1. General Licenses			
	Original Package (1a)		\$150.00
	Original Package 5% Beer (1b)		75.00
	5% Beer by Drink-Wine (1c)		75.00
	Retail Liquor by Drink-Resort (1e)		450.00
	Retail Liquor by Drink-Exempt (1f)		450.00
2. Sunday Sales			
	Intoxicating Liquor-Original Package (2a)		300.00
	Sunday Original Package (2a)		300.00
	5 % Beer by Drink-Restaurant/Bar-Wine (2b)		300.00
	Sunday Bar-Amusement (2c)		300.00
	Sunday Bar-Exempt (2d)		300.00
	Restaurant-Bar Resort (3e)		300.00
3. Permits			
	Tasting Permit (3a)		37.50
	Retail Liquor by Drink-Picnic (Not for Profit) (3b)		37.50
	Retail Liquor by Drink-Caterer (3c)	Per day	15.00
TOTAL FEES DUE			
Is this application for:		Sole owner	Partnership Corporation
Name of Business (d/b/a)			
Address			
City	State	Zip	Phone
Mailing Address if different than above			
City	State	Zip	Phone
Federal Employer Identification #		Missouri Retail Sales License #	
Name of Owner of Business responsible for the above business:			
Name		Title	
Home Address			
City	State	Zip	Phone
Date of Birth		Place of Birth	
U.S. Citizen?		Date and Place of Naturalization	
Spouse's name, address and Social Security #			
Corporation Information			
Full Name of Corporation		Date of Incorporation	
Registered Agent Name and Address			
Full Name, Residential Address, Date of Birth, Social Security #'s of owner (s), President, Vice-President, Treasurer, and Secretary of the Corporation:			

Does this corporation operate any other business, or control or is controlled by any other corporation or business?
If so, state the name of such controlled or controlling corporation or business:
List the registered agent, address and location of all businesses operated by it and the name and address of any such businesses with a liquor license:
Have you or any person employed by you ever held any type of liquor license issued by the City of Raymore or by the licensing authority of any state, county or city?
If so, provide all details:
Has any such license listed above been suspended or revoked?
If so, provide all details:
Have you ever made application for a liquor license that was denied by the City of Raymore or by the licensing authority of any state, county or city?
If so, provide all details:
Have you or anyone interested either directly or indirectly in the premises to be licensed or the operation ever been convicted of any crime or felony?
If so, provide all details:
Will you be the person in active control and/or managing officer of this business full time?
If not, give complete details on the management and persons involved:

- EACH APPLICATION SHALL BE ACCOMPANIED BY:**
- The appropriate license fee made payable to the City of Raymore.
 - Sales Contract or Lease covering property for liquor license requested under Section 600.050 (B) of the Raymore City Code.
 - Restaurant Bar only: projections (new) or proof (renewal) of breakdown of total sales for food and liquors.

CERTIFICATION

Date	Signature of Applicant/Principal Officer
------	--

I am the person who is to be actively engaged in the actual control and management of the particular liquor establishment for which this license is hereby sought, and that the answers and information given in the application are true and complete to the best of my knowledge and belief.

Representation Concerning Compliance With Laws: Applicant hereby represents that the business conducted by Applicant does not and will not violate any Ordinance of the City of Raymore and now complies and will continue to comply fully with the laws of the State of Missouri.

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

NOTARY SEAL