



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

www.warrenton-mo.org

Filing Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

**Liquor License Renewal Application**

\*\* Upon completion of the application and required documentation, applications are presented at the next regular or special Board of Aldermen meeting. Approval is by a majority of the members present\*\*

**Type of License Requested:**

		<u>Base Fee</u>	<u>Sunday Sales</u>	<u>Total Fee</u>
<input type="checkbox"/> Original Package Liquor	Malt Liquor only	\$75.00	Included	\$
	Malt Liquor/Wine Tasting	\$37.50	Included	\$
	Intoxicating Liquor	\$150.00	\$300.00	\$
<input type="checkbox"/> Liquor by the drink	Malt Liquor only	\$75.00	Included	\$
	Malt Liquor/Wine	\$75.00	\$300.00	\$
	Intoxicating Liquor	\$450.00	\$300.00	\$
	Restaurant/Bar	\$300.00	\$300.00	\$
<input type="checkbox"/> Liquor by the drink (Exempt) (non profit club on premises)	Intoxicating Liquor	\$450.00	\$300.00	\$
<input type="checkbox"/> Missouri Wine by the drink		\$450.00	Included	\$
<input type="checkbox"/> Consumption of Intoxicating Liquor		\$90.00	Not Available	\$
<input type="checkbox"/> 5% Wholesale Liquor Solicitor		\$150.00	Not Available	\$
			Investigation Fee	\$15.25
			<b><u>Total Due:</u></b>	_____

Name of Applicant/Managing Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City/State Zip

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
(SSN used for purpose of background check)

Personal Property Taxes Year 20 Paid?  Yes  No  
(most recent paid personal property tax receipt required)

Registered Voter?  Yes  No Missouri State Tax ID #: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

DBA: \_\_\_\_\_

Location Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Owner (If different than applicant): \_\_\_\_\_ Email: \_\_\_\_\_

**To be completed by Applicant/Managing Officer**

Have you ever been arrested? \_\_\_\_\_ What Charge? \_\_\_\_\_

Where arrested? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Have you ever had a liquor license suspended or revoked?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been convicted of any violation of a federal law, state statute or local ordinance relating to intoxicating liquor?

Yes  No

If yes, provide details: \_\_\_\_\_

The undersigned, hereby makes application for a liquor license inside the City of Warrenton, Warren County, Missouri such sales to be made on the premises described above. I have read this application and fully understand that said license will be subject to all of the ordinances of the City pertaining to the operation of said business and agree that I will abide by all lawful ordinances, regulation, and rules adopted by the City relating to the conduct of said business, that I am in all respects qualified in law to receive such license, and that the answers and statements set out in the above application are true. It is understood and agreed that the license when and if issued shall be subject to revocation for cause by the Board of Alderman and when or if it is lawfully revoked the City shall in no event return any part of the license fee paid for such license and such license free shall be forfeited to the City.

Signature of Applicant/Managing Officer: \_\_\_\_\_

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**COPIES TO BE INCLUDED WITH APPLICATION:**

- Copy of Missouri No Tax Due Certificate
- Copy of Personal Property Tax Receipt (If managing officer lives in Warren County)
- Background Authorization form
- Copy of Personal Property Tax Receipt (For establishment located in Warren County)

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**FOR CITY USE ONLY**

- Back ground Completed
- Approved by Chief of Police
- BOA Meeting Date: \_\_\_\_\_