Application for Liquor License

Name of Business: _____

Owners Name: _____

Physical Address: _____

Business Telephone Number: _____

Type of Liquor License requesting:

☐ **Non-Intoxicating Beer – Original Package**	**$ 22.50**
☐ **Intoxicating Liquor (All Kinds) – Original Package**	**$ 150.00**
☐ **Sunday Sales (All Kinds) – Original Package**	**$ 300.00**
☐ **Tasting Permit**	**$ 37.50**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.

_____ _____

(Business Owner Signature) (Date)

State of Missouri)

)ss

County of Greene)

Subscribed and sworn to before me this _____ day of _____ in the year 2006.

_____

Notary Public

FOR OFFICE USE ONLY

AMOUNT PAID:_____ **DATE PAID:** _____

CASH CHECK NO. _____ **DATE RECEIVED:** _____

DATE APPROVED BY BOARD OF ALDERMAN: _____

DATE LICENSE ISSUED: _____

APPLICATION RECEIVED BY:_____