City of Flint Hill
P. O. Box 196
Flint Hill, MO 63346
(636)327-4441
www.cityofflinthill.com

APPLICATION FOR LIQUOR LICENSE

CITY USE ONLY - DO NOT WRITE IN THIS SPACE		
Date Approved by Board	License Term: FROM:_____THROUGH:_____	Fee Paid: $

INSTRUCTIONS

- Please TYPE or PRINT this application using only black ink.
- Answer all questions fully or indicate "N/A" if not applicable.
- Attach copies of any additional supporting documents requested.
- Submit completed, notarized application to the City Clerk with full payment of required license fee.

SECTION I – TYPE OF LICENSE REQUESTED **(Make check Payable to: City of Flint Hill)**

Check one:

☐ Renewal ☐ New

Check one:

		Fee
☐	Retail Liquor by the Drink Picnic (7 days) Code RBDP ……..	$25.00
☐	Retailers of intoxicating liquors in excess of five percent (5%) – original package. (Attach inventory at cost prices of goods other than intoxicating liquor for sale at the proposed place of business.) Code OPL …….	$150.00
☐	Retailers of intoxicating liquor in excess of five percent (5%) by the drink – original package. Code RBD……..	$450.00
☐	Retailers of intoxicating liquor in excess of five percent (5%) by the drink – original package – restaurant bar. (Attach proof of State License.) Code RBD ……	$450.00
☐	Sunday retailers of intoxicating liquors in excess of five percent (5%) – original package. Code SOP* (requires a primary license to qualify) ……	$300.00

Additional license types are available upon request – if the type needed is not listed above please contact the city clerk at the phone number listed at the top of the page. Codes are based on the RSMo description.

SECTION II – BUSINESS INFORMATION

1. TYPE OF OPERATION: ( ) PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPORATION ( ) L.L.C.
2. NAME OF COMPANY:_____BUSINESS PHONE:_____
3. TRADE NAME(D/B/A):_____
4. BUSINESS ADDRESS IN FLINT HILL :_____
5. MAILING ADDRESS (if different than above):

_____
_____

SECTION III – APPLICANT INFORMATION

1. NAME (Proprietor, Primary Partner, Managing Officer):
   ____SOCIAL SECURITY NO.:______________________
   (First)   (Middle)   (Last)
   DATE OF BIRTH:__________________________ DRIVER'S LICENSE NO.:______________________STATE______
   GENDER: ☐ male ☐ female
2. Residence Address:____Phone: (______)________________
   ____Length of Residence:____________
3. Are you an assessed taxpaying citizen of the State of Missouri? ( ) Yes ( ) No
   (Attach a copy of your current **Paid Personal Property Tax Receipt**.)
4. Are you registered to vote at your current address? ( ) Yes ( ) No (Attach a copy of your **Voter Registration Card**.)
5. Have you ever been granted a license or permit whose license as such dealer has been revoked or have you been convicted of a felony or any violation of a federal law, state statute or local ordinance regulating, controlling or prohibiting the sale of liquor since the adoption of the Twenty-First Amendment to the Constitution of the United States? If so, give details.____
   ____
   ____
6. Do you presently hold a valid Missouri Sales Tax License? ( ) Yes ( ) No
   If tax exempt please supply a copy of exemption letter. If in the past the sales tax license was revoked please submit letter of reinstatement from the State of Missouri.

If the license applicant is different from the owner, please complete the following section:

NAME OF APPLICANT: ____

ADDRESS OF APPLICANT:____

PHONE NUMBER OF APPLICANT:____

SS# OF APPLICANT:____

DRIVER'S LICENSE # OF APPLICANT:____

APPLICANT DATE OF BIRTH:____

STATE OF MISSOURI)
SS
COUNTY OF ST CHARLES)

Comes now the Applicant ____ of lawful age, being first duly sworn upon oath, and states that he/she has read the foregoing application and fully understands the same, and that the answers and statements given are true and correct. Applicant agrees to comply with the provisions of the Ordinances of the City of Flint Hill relating to the sale and distribution of intoxicating liquor and non-intoxicating beer.

____
Applicant Signature

Subscribed and sworn to before me this _______ day of __________________, 20______.

____
Notary Public Signature

My Commission Expires:________________________