

CITY OF JOPLIN
602 South Main Street
Joplin, Missouri 64801
417-624-0820 x 242 Fax 417-624-4620

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

- 3.2% BEER** **RETAIL LIQUOR BY DRINK** **SUNDAY SALES**
- 5% Beer** **ORIGINAL PACKAGE LIQUOR**

1. The name of the establishment is _____

Previous name of establishment was _____

2. The address of the establishment is _____
(Street Address)

(City)

(County)

(State)

(Zip)

3. The full name of the person(s) applying for this license as managing officer (s). Please indicate whether you are the owner, partner or if a corporation.

Name	Title

3a Have you ever been known by any other name? If so, what? _____

4. My place of residence is _____
(Street) (City) (County) (State) (Zip)

5. Give addresses where you have resided during the last ten years:

Street Address	City	State	From – To

6. Place of Birth _____ 7. Date of Birth _____

8. Social Security Number _____ 9. Driver's License Number _____

10. Are you a native-born citizen of the United States? _____ State? _____

11. If not, are you a naturalized citizen? _____ If so, give date of admission to citizenship and court in which it was granted. _____

(Please furnish proof of naturalized citizenship.)

12. Have you, at any time in the past, held a license from the City of Joplin? _____

13. If so, give type of license and location of the premises. _____

14. Have you ever made application for a license from the City of Joplin or by the licensing authority of any other state or city, which was denied? _____ If so, name the applicant, approximate date of denial and details . _____

15. Have you ever had a license issued by the City of Joplin, or by a licensing authority in any other state or city, suspended or revoked? _____ If so, give details _____

16. Has the corporation or any stockholder or the managing officer, or any member of their households or immediate families, ever made application for a license from the Supervisor of Liquor Control or by the licensing authority of any other state or by any city, which was denied? _____ If so, give applicant's name, approximate date of denial and details regarding same _____

17. Has the corporation, or any of its stockholders, or the managing officer thereof, or any member of their households or immediate families, ever had any license issued by the Supervisor of Liquor Control for the State of Missouri or by the licensing authority of any other state or city suspended or revoked? _____ If so, give details:

18. Is there now employed, or will you employ, in the above business sought to be licensed any person who has at any time had a license from the City of Joplin revoked or suspended? _____ If so, give details _____

19. Have you ever been employed by any person, partnership, or corporation that had a license suspended or revoked? _____

20. Have you ever been convicted for the violation of any federal law, law of the State of Missouri, City of Joplin, or any other city or state? _____ If so, give details:

21. Have you ever been convicted of the violation of any ordinance of any city relating to liquor, beer, gambling, immorality, theft, fighting or peace disturbance? _____

Give details _____

22. Is there now employed, or will you employ, in the business sought to be licensed here any person who has been convicted of any crimes? _____ If so, give details

23. Specify if you own, rent or lease the premises for which you seek a license.

24. Enter landlord's name, address and amount of rent paid.

Name	Address	Amount of Rent

25. What interest, if any, does the landlord have, directly or indirectly, in the business in which you intend to engage if the license is granted? _____

If none, so state _____

26. State the name and residence of any person, firm or corporation, if any, who are interested or who will become interested, directly or indirectly, in the business for which you seek a license and the nature of such interest. If none, so state _____

27. What is the zoning of the property presently? _____

28. What is the distance, in feet, measured from the main public entrance of your premises to the main public entrance of the nearest school, church, or hospital? (Distance referred to shall be measured in feet from the main public entrances by the most direct walking route) _____

29. What is the distance, in feet, from the main public entrance of your premises, to the main public entrance of the nearest private residence, which includes a single family residence, or multi-family use, but does not include a portion of a building zoned for commercial use, which is presently used as a residence? (Distance referred to shall be measured in feet from the main public entrances by the most direct walking route.)

30. In the area below, make a simple drawing, with measurements, from the **main** public entrance of your premises to the **main** public entrance of the nearest structures identified in questions 27 and 28. These measurements should be in feet and be determined by the most direct walking route. Also indicate the addresses of these structures and their uses. (Example: dwelling, apartment house, duplex, church, hospital, school)

31. What type of device was used to take the measurements, and by whom?

32. State the names, dates of birth, social security numbers, and residences of **ALL** officers of the corporation and the office held by each:

Name	DOB	SSN	Residence Office

(Please include a copy of incorporation or LLC papers with this application.)

33. State names, dates of birth, social security numbers, and residences of **ALL** stockholders. (Attach additional sheet, if necessary)

Name	DOB	SSN	Residence Office

34. Is this license application being made as a subterfuge to permit any person other than yourself to secure a license from the City of Joplin, in your name, for his benefit?

This question is to be filled out by persons applying for a restaurant bar license.

35. Is your establishment more than one hundred fifty feet (150') from any private residence ? Is your establishment more than three hundred feet (300') from any hospital, church, or any public, private, or parochial school? _____

Measurement shall be from the main public entrances of such premises by the most direct walking route.

If yes, will your establishment derive at least fifty percent (50%) of its gross income from the sale of prepared meals or food consumed on the premises or does your establishment has an annual gross income of at least two hundred thousand dollars (\$200,000.00) from the sale of prepared meals or food consumed on such premises?

Please attach a verification of the amount of income derived from the sale of prepared meals or food consumed on your premises.

The undersigned, being of lawful age, being first duly sworn upon oath, deposes and says that _____ has read this application and fully understands same and that _____ knows the contents thereof and the answers and statements contained therein and the same are true.

Signature

State of Missouri)
)SS
County of Jasper)

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

Notary Seal

My commission expires _____

INSPECTION

Lessee-Mgr. _____

Address _____ Phone No. _____

Business Name _____

Address _____ Phone No _____

Owner Name _____

Address _____ Phone No _____

Mo. Sales Tax No. _____

This is to certify that the above business has met the inspection requirements and is, therefore, qualified to apply for license as:

Type Business: _____ for current license year.

Inspector's Signatures:

Health Dept. _____

Zoning Dept. _____

Building Dept. _____

Fire Dept. _____

Zoning of property as stated by applicant _____

(After completion of inspections/signatures, please return file to Records Department, Joplin Police Department, so that final letter can be prepared for signatures)

APPROVED BY THE FINANCE DIRECTOR

Approved this date _____

FINANCE DIRECTOR

APPROVED BY THE CITY ATTORNEY

Approved this date _____

CITY ATTORNEY

