



Application For Liquor License

NOTE: This Application must be completed in full and submitted with applicable fees and attachments to the Finance Department.

Type of License Requested: A full license or a separate license for each of the following classes of sale must be obtained

- RETAIL LIQUOR BY THE DRINK (Excluding Sunday)** – Retail sales of all intoxicating liquor and original package **for consumption on the premises** where sold (includes hotel controlled access cabinets). **\$450.00**
- SUNDAY BY THE DRINK LICENSE-** Retail Sunday sales of all intoxicating liquor and original package **for consumption on the premises** where sold (includes hotel controlled access cabinets). **\$300.00**
- ORIGINAL PACKAGE LIQUOR LICENSE (Excluding Sunday)** – Retail sales **not for consumption on the premises**, sold direct to the consumer, but not for resale. **\$150.00**
- SUNDAY ORIGINAL PACKAGE LICENSE-** Retail Sunday sales of intoxicating liquor, **not for consumption on the premises**, sold direct to the consumer, but not for resale. **\$300.00**
- CONSUMPTION OF INTOXICATING LIQUOR ON PREMISES-** Permits a person operating a business where food, beverages, entertainment and/or use of the facility are provided for compensation to allow others who use such premises to bring in own intoxicating liquor. **\$90.00**
- WINE AND MALT BEVERAGE TASTING ON PREMISES-** Permits a person licensed to sell intoxicating liquor in the original package at retail to conduct wine, malt beverage and distilled spirit tastings on the license premises. **\$37.50**
- PICNIC LICENSE (7 days only)-**Liquor **by the drink** for consumption on the premises where sold. Issued to any church, school, civic, service, fraternal, veteran, political, charitable club or organization for the sale at a picnic, bazaar, fair or similar gathering. **\$37.50**

**Event Dates: _____



CITY OF CREVE COEUR
LIQUOR LICENSE REQUIREMENTS

ALL APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING:

- City of Creve Coeur Liquor License Application. To include:
 - A completed, typed questionnaire on **Corporate Officers** or **Partners** and hired individual to be the **On Site manager**.
 - Passport size photograph of **Corporate** or **Managing Partner** and hired individual to be the **On Site Manager**.
 - Two completed fingerprint cards for each applicant. Applicants can be fingerprinted at the Missouri State Highway Patrol or the Creve Coeur Police Records Department. For Creve Coeur Records appointment and fee information call 314-872-2528.
- Photograph of the Establishment.
- A "Certified" Check, warrant, voucher or money order payable to the "State of Missouri-Criminal Records System" in the amount of **\$20.00**.

In addition, it must be understood that:

1. Any change in on site managers will necessitate a new on-site management questionnaire. INITIAL HERE _____
2. Any change in ownership, either privately or corporately, will necessitate re-application and identifying of key personnel. INITIAL HERE _____
3. License must be renewed annually, by May 15. INITIAL HERE _____

The Corporate application will be made by the managing officers of said corporation.

*****NOTE:** Once your Creve Coeur Liquor License has been issued you must obtain liquor licenses from the State of Missouri and St. Louis County.

Date received by Investigator _____ Day _____ Month _____ Year

Investigator Assigned _____ DSN _____

300 Ft requirement approved by Planning Department _____ Date _____



CITY OF CREVE COEUR LICENSE APPLICATION

BUSINESS IS OWNED BY: INDIVIDUAL PARTNERSHIP CORPORATION

NAME OF COMPANY:

ADDRESS OF COMPANY:

D/B/A: _____

ADDRESS: _____

CREVE COEUR, MO 63141

NAME OF ON SITE MANAGER/MANAGING PARTNER:

DATE OF BIRTH: _____

PLACE OF BIRTH: _____ SSN: _____

DRIVERS LICENSE No: _____ RACE: _____ SEX: _____

ARE YOU A U.S. CITIZEN: YES NO

REGISTERED VOTER: PRECINCT NO. _____

TOWNSHIP: _____ COUNTY _____, MO

MARITAL STATUS: SINGLE MARRIED DIVORCED/SEPARATED

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

SPOUSE OR FORMER SPOUSE NAME:

APPLICANT ADDRESS FOR PREVIOUS FIVE (5) YEARS:

- 1. _____ FROM: ___/___/___ TO: ___/___/___
- 2. _____ FROM: ___/___/___ TO: ___/___/___
- 3. _____ FROM: ___/___/___ TO: ___/___/___
- 4. _____ FROM: ___/___/___ TO: ___/___/___
- 5. _____ FROM: ___/___/___ TO: ___/___/___

PERSONAL REFERENCES:

NAME	ADDRESS	PHONE	YEARS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BUSINESS REFERENCES:

NAME & BUSINESS	ADDRESS	PHONE	YEARS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been an owner or officer in a corporation or a manager of an establishment that has had their liquor license suspended or revoked due to violation of Federal, State, County or Municipal Ordinances? YES NO

If YES, explain fully:

Have you or any partner ever been arrested or indicted for violation of any Federal, State or Municipal Law or Ordinance? List all occurrences, dates, charges and agencies.

- 1. _____
- 2. _____
- 3. _____

*****If you are CORPORATE or MANAGING PARTNER to be licensed, list names and address of all partners or corporate officers. Attach more pages if needed.**

1. Name _____ Title _____
 Address _____ SSN _____
 Home Phone _____ Business Phone _____
 DOB _____ POB _____ Race _____ Sex _____

2. Name _____ Title _____
 Address _____ SSN _____
 Home Phone _____ Business Phone _____
 DOB _____ POB _____ Race _____ Sex _____

3. Name _____ Title _____
 Address _____ SSN _____
 Home Phone _____ Business Phone _____
 DOB _____ POB _____ Race _____ Sex _____

*****If you are ON-SITE MANAGEMENT, start with your present or last job and list all places you have worked for the past ten years. Attach more pages if needed.**

1. _____
 EMPLOYER PHONE # DATES EMPLOYED

 SUPERVISOR ADDRESS REASON LEFT

2. _____
 EMPLOYER PHONE # DATES EMPLOYED

 SUPERVISOR ADDRESS REASON LEFT

3. _____
 EMPLOYER PHONE # DATES EMPLOYED

 SUPERVISOR ADDRESS REASON LEFT

4. _____
 EMPLOYER PHONE # DATES EMPLOYED

 SUPERVISOR ADDRESS REASON LEFT



RELEASE

I understand that by signing the foregoing application I authorize the Creve Coeur Police Department to complete a background investigation about me. I authorize any member of the Creve Coeur Police Department to make inspections of the establishment identified herein for the determining of compliance with the laws and ordinances of the State of Missouri, St. Louis County and the City of Creve Coeur.

I understand that as part of this application I am authorizing the Creve Coeur Police Department to take my fingerprints and have them analyzed by the appropriate agencies for prior or current criminal information.

I understand and agree that if any statements or answers in this application are untrue or if I fail to abide by all the terms and provisions of the Creve Coeur Code of Ordinances or any amendments thereto, any license issued upon this application may be suspended or revoked.

Dated this _____ day of _____, 20_____.

Applicant Signature

State of Missouri)
)
County of St. Louis)

_____ of lawful age, being first duly sworn upon Oath, states that he/she has read the foregoing application and fully understands the same, and that the answers contained therein are true.

Applicant Signature

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

Notary Public

My Commission Expires: _____

seal