



**CITY OF UNIVERSITY CITY**  
**APPLICATION FOR LIQUOR LICENSE**  
 University City Municipal Code, Chapter 600 Section 600.060

**INSTRUCTIONS:** Read each question carefully. Make certain that each question is answered completely and correctly before you submit this application. If you need additional space, use the additional sheet provided at the end of this application. If a question does not apply to you, write N/A in the space, **do not leave any blank fields.** Submit all documents as requested. **PLEASE PRINT CLEARLY.**

**Please note that this application may only be completed and filed by a sole proprietor, corporate officer, managing partner, or managing officer of the business applying for this license.**

**AN APPLICANT IS NOT PERMITTED TO OPERATE UNTIL LICENSE IS ISSUED ◇**

Applications must be accompanied by a non-refundable application filing fee of \$25.00

Type of license requested- separate license shall be obtained for each of the following classes of sales: (Please check each classification that applies)

- |                          |     |   |          |
|--------------------------|-----|---|----------|
| <input type="checkbox"/> | 2-  | All kinds of intoxicating liquor, by the drink, retail . . . . .                                | \$450.00 |
| <input type="checkbox"/> | 4-  | CLUB: All kinds of intoxicating liquor, by the drink, retail . . . . .                          | 200.00   |
| <input type="checkbox"/> | 5-  | Malt liquor not in excess of 5% alcohol wholesaler to wholesaler . . . . .                      | 75.00    |
| <input type="checkbox"/> | 6-  | Intoxicating liquor not in excess of 22% alcohol wholesaler to wholesaler . . . . .             | 150.00   |
| <input type="checkbox"/> | 7-  | Malt liquor not in excess of 5% alcohol wholesaler to retailer . . . . .                        | 150.00   |
| <input type="checkbox"/> | 8-  | Intoxicating liquor not in excess of 22% alcohol wholesaler to retailer . . . . .               | 300.00   |
| <input type="checkbox"/> | 9-  | Malt liquor in excess of 3.2% and not in excess of 5% alcohol, by the package, retail . . . . . | 75.00    |
| <input type="checkbox"/> | 10- | Malt liquor in excess of 3.2% and not in excess of 5% alcohol, by the drink, retail . . . . .   | 75.00    |
| <input type="checkbox"/> | 11- | Malt liquor not in excess of 5% beer and 14% wine, by the drink, retail . . . . .               | 75.00    |
|                          | 12- | Intoxicating liquor not more than 22%, by the package, retail . . . . .                         | 75.00    |
|                          | 13- | Intoxicating liquor of all kinds, wholesaler to wholesaler . . . . .                            | 375.00   |
| <input type="checkbox"/> | 14- | Intoxicating liquor of all kinds, wholesaler to retailer . . . . .                              | 750.00   |
| <input type="checkbox"/> | 15- | Intoxicating liquor of all kinds, by the package, retail . . . . .                              | 150.00   |
| <input type="checkbox"/> |     | Sunday Liquor License . . . . .   | 300.00   |

**I. BUSINESS APPLYING FOR LICENSE:**

**A. BUSINESS NAME AND TYPE**  Sole Owner  
 Partnership  
 Corporation  
 Limited Liability Company

**B. DESCRIPTION OF PREMISES AND ADDRESS:** **C. PHONE:**  
DESCRIPTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOURS OF OPERATION: \_\_\_\_\_

**II. MANAGING OFFICER:**

A. NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE INITIAL) \_\_\_\_\_

B. ADDRESS, CITY & ZIP CODE: \_\_\_\_\_ C. PHONE: \_\_\_\_\_

D. DATE OF BIRTH: \_\_\_\_\_ F. BUSINESS PHONE: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

G. PREVIOUS ADDRESS: (IF NOT AT PRESENT ADDRESS FOR 5 YEARS OR MORE) \_\_\_\_\_

H. IF FOREIGN BORN, PLEASE STATE COUNTRY, PLACE AND STATE OF NATURALIZATION: \_\_\_\_\_

I. MISSOURI RESIDENT SINCE: (MONTH & YR) \_\_\_\_\_ K. TOWNSHIP: \_\_\_\_\_ L. COUNTY: \_\_\_\_\_

M. CURRENT BUSINESS OR OCCUPATION OF APPLICANT: \_\_\_\_\_

N. NAME OF CORPORATION, PARTNERSHIP OR CLUB: (IF APPLICABLE) \_\_\_\_\_

**FOR PARTNERSHIP OR LIMITED PARTNERSHIP** **NUMBER OF MEMBERS:**

A2. STATE NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH OF ALL PARTNERS: (USE PAGE 7 IF NECESSARY)  
\_\_\_\_\_  
\_\_\_\_\_

**FOR CORPORATION OR LIMITED LIABILITY COMPANY** **NUMBER OF MEMBERS:**

A3. STATE NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH OF ALL OFFICERS, DIRECTORS AND STOCKHOLDERS OWNING 1% OR MORE INTEREST IN THE CORPORATION OR MEMBERS OF A LIMITED LIABILITY COMPANY. (USE PAGE 7 IF NECESSARY)  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER PERSONS** **NUMBER OF MEMBERS:**

A4. LIST NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH FOR ALL OTHER PERSONS WHO HAVE AN INTEREST IN THE BUSINESS FOR WHICH LICENSE IS REQUESTED. (USE PAGE 7 IF NECESSARY)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B4. IN WHAT TYPE OF BUSINESS IS EACH OF THE ABOVE PERSONS ENGAGED: (USE PAGE 7 IF NECESSARY)  
\_\_\_\_\_  
\_\_\_\_\_

### III. OTHER INFORMATION

<p>A. IS APPLICANT A QUALIFIED VOTER IN THE STATE OF MISSOURI?  <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p>B. IS APPLICANT AN ASSESSED, TAX PAYING CITIZEN IN THE STATE OF MISSOURI?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>						
<p>C. HAS APPLICANT PREVIOUSLY HELD A LIQUOR LICENSE OF ANY TYPE?   <input type="checkbox"/> YES   <input type="checkbox"/> NO (IF YES, EXPLAIN, SEE ITEM D)</p>	<p>D. EXPLAIN (WHEN, WHERE?)</p>						
<p>E. HAS APPLICANT, OR ANY EMPLOYEE, OR PROPOSED EMPLOYEES, EVER BEEN DENIED A LIQUOR LICENSE, OR HAD A LICENSE TO SELL LIQUOR REVOKED?   <input type="checkbox"/> YES   <input type="checkbox"/> NO (IF YES, EXPLAIN, SEE ITEM F)</p>	<p>F. EXPLAIN (WHEN, WHERE?)</p>						
<p>G. HAS APPLICANT EVER BEEN EMPLOYED IN ANY CAPACITY BY A BUSINESS WITH A BEER, WINE OR LIQUOR LICENSE?   <input type="checkbox"/> YES   <input type="checkbox"/> NO (IF YES, EXPLAIN, SEE ITEM H)</p>	<p>H. EXPLAIN (WHEN, WHERE?)</p>						
<p>I. HAS THE APPLICANT, EMPLOYEE, OR PROPOSED EMPLOYEE EVER BEEN CONVICTED OF A VIOLATION OF ANY LAW REGULATING, CONTROLLING, OR PROHIBITING THE SALES OR MANUFACTURING OF INTOXICATING LIQUOR?  <input type="checkbox"/> YES   <input type="checkbox"/> NO (IF YES, EXPLAIN. USE PAGE 7 IF NECESSARY)</p>							
<p>J. HAS ANY DISTILLER, WHOLESALER, WINE MAKER, BREWER OR ANY EMPLOYEE, OR AGENT THEREOF, HAVE OR PROPOSE TO HAVE, ANY FINANCIAL INTEREST IN THE BUSINESS TO WHICH THIS APPLICATION APPLIES?  <input type="checkbox"/> YES   <input type="checkbox"/> NO (IF YES, EXPLAIN. USE PAGE 7 IF NECESSARY)</p>							
<p>K. INDICATE THE TYPE OF BUSINESS, IF ANY, APPLICANT PROPOSES TO CONDUCT ON PREMISES IN ADDITION TO SALE OF INTOXICATING LIQUOR:</p> <p><input type="checkbox"/> RESTAURANT   _____</p> <p><input type="checkbox"/> ROOM   _____</p> <p><input type="checkbox"/> OTHER (PLEASE EXPLAIN)   _____</p>							
<p>L. STATE ESTIMATE OF ANNUAL SALES VALUE:    FOOD \$ _____ OTHER (INCLUDING LIQUOR) \$ _____</p>							
<p>M. IS THERE A SCHOOL, CHURCH, SYNAGOGUE, PUBLIC PARK OR PLAYGROUND WITHIN ONE HUNDRED FIFTY (150) FEET OF THE PROPOSED BUSINESS?   <input type="checkbox"/> YES   <input type="checkbox"/> NO (IF YES, STATE THE NAME AND APPROXIMATE DISTANCES):</p>							
<p>N. IS THE APPLICANT INDEBTED TO ANY PERSON FOR MONEY OR PROPERTY, TO BE USED IN THE LICENSED BUSINESS? (IF YES, STATE AMOUNT OF INDEBTEDNESS AND TO WHOM IT IS OWED.)</p> <p style="text-align: center;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">AMOUNT OWED: \$</td> <td style="width:70%;">NAME:</td> </tr> <tr> <td colspan="2">ADDRESS, CITY, STATE, &amp; ZIP:</td> </tr> <tr> <td>PHONE:</td> <td>OCCUPATION:</td> </tr> </table>	AMOUNT OWED: \$	NAME:	ADDRESS, CITY, STATE, & ZIP:		PHONE:	OCCUPATION:
AMOUNT OWED: \$	NAME:						
ADDRESS, CITY, STATE, & ZIP:							
PHONE:	OCCUPATION:						

STATE OF MISSOURI            )  
  ) SS.  
COUNTY OF ST. LOUIS        )

Comes now \_\_\_\_\_ of lawful age, being first duly sworn upon oath, deposes and says that he or she: (1) is the sole proprietor, corporate officer, managing partner, or managing officer of the business applying for this license, (2) is authorized to make this application, (3) has read this application and understands same, (4) knows the contents of this application, (5) swears that the answers and statements contained in this application are true and correct, and (6) on behalf of the applicant, agrees to comply with all laws of the City of University City and the State of Missouri relevant to the applicant's business.

SIGNATURE OF APPLICANT/MANAGING OFFICER

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DAY \_\_\_\_\_ OF \_\_\_\_\_ 20\_\_\_\_\_.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

**THIS SECTION FOR CITY USE ONLY**

**APPROVALS:**

<b>Police Chief</b> _____	<b>Date:</b> _____
<b>Comments:</b>	
<b>Community Development</b> _____	<b>Date:</b> _____
<b>Comments:</b>	
<b>City Manager</b> _____	<b>Date:</b> _____
<b>Comments:</b>	

#### IV. SUNDAY LIQUOR LICENSE

If application is for Sunday liquor license, complete the following section:

Under the provisions of Chapter 600, Section 600.260 of the Municipal code of the City of University City, application is hereby made for a license to sell intoxicating liquor between the hours of 9:00 A.M. and midnight on Sundays.

A. APPLICANT NAME: (LAST) (FIRST) (MIDDLE INITIAL)

B. BUSINESS NAME: PHONE NUMBER:

Type of Liquor License held or applied for:

- 1-2 All kinds of intoxicating liquor, by the drink, retail
- 9 Malt liquor in excess of 3.2% not in excess 5% alcohol, by the package, retail
- 10 Malt liquor in excess of 3.2% not in excess 5% alcohol, by the drink, retail
- 11 Malt liquor not in excess of 5% beer and 14% wine, by the drink, retail
- 12 Intoxicating liquor not more than 22%, by the package, retail
- 15 Intoxicating liquor of all kinds, by the package, retail

For the purpose of obtaining said Sunday Liquor license: applicant states that at least fifty percent (50%) of the gross income of the restaurant bar at the above location is derived from the sale of prepared meals or food consumed on the premises, **or** which has an annual gross income of at least two hundred seventy-five thousand dollars (\$275,000.00) from the sale of prepared meals or food.

Signature of Applicant

Title of Applicant

Date

**V. RECOMMENDATIONS- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11**

Five recommendations are required for Applicants petitioning for a license to sell intoxicating liquor by the drink at retail under section 600.060 of University City Municipal Code.

Each of the following recommendations is to be filled in and signed by a credible resident citizen of University City, vouching for the character of the applicant.

1) Date: \_\_\_\_\_ Na me: \_\_\_\_\_  
Location of University City real property taxed in your name: \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_  
Do you vouch for applicant's moral character and reputation?  
Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

2) Date: \_\_\_\_\_ Na me: \_\_\_\_\_  
Location of University City real property taxed in your name: \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_  
Do you vouch for applicant's moral character and reputation?  
Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

3) Date: \_\_\_\_\_ Na me: \_\_\_\_\_  
Location of University City real property taxed in your name: \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_  
Do you vouch for applicant's moral character and reputation?  
Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

4) Date: \_\_\_\_\_ Na me: \_\_\_\_\_  
Location of University City real property taxed in your name: \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_  
Do you vouch for applicant's moral character and reputation?  
Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

5) Date: \_\_\_\_\_ Na me: \_\_\_\_\_  
Location of University City real property taxed in your name: \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_  
Do you vouch for applicant's moral character and reputation?  
Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_



