

Are you a Citizen of the United States? Yes No

If Not Naturalized, Give Number: _____ Dist. _____

Have you ever been convicted of a felony? Yes No What charge? _____

Where? _____

Have you ever been convicted of any violation of a federal law, state statute or local ordinance relating to intoxicating liquor?

Yes No If yes, give details _____

MO DOR Sales Tax Registration Number: _____

Federal Employer Identification Number: _____

Hours of Operation: Monday - Friday: _____ am / pm to _____ am / pm

Saturday: _____ am / pm to _____ am / pm

Sunday: _____ am / pm to _____ am / pm

Legal Name of Company: _____

Check one: Individual Partnership Corporation

If Applicant is a Corporation Fill Out Following Questions. Otherwise Skip to Signature Section.

Date of Incorporation: _____

Does your corporation operate under any other business or controls? Yes No

If yes, name of such controlled or controlling corporation or business: _____

Registered Agent: _____

Registered Address: _____

List location of all businesses operated, name and address of any such businesses with a liquor license: (Use separate paper if needed)

Does your controlling corporation operate under a fictitious name? Yes No

If yes, give address where said business is located: _____

The applicant has read this application and fully understands, that said license will be subject to all of the ordinances of the City of Marthasville pertaining to the operation of said business and agrees that he/she will abide by all lawful ordinances, regulations and rules adopted by the City of Marthasville relating to the conduct of said business, that he/she is in all respect qualified in law to receive such license, and that the answers and statements set out in the above application are true. It is understood and agreed that the license when and if issued shall be subject to revocation for cause by the Board of Aldermen and when and if lawfully revoked the City shall in no event return any part of the license fee paid for such license and such license fee shall be forfeited to the City.

Signature of Applicant _____ **Signature of Owner** _____

(Application Must Be Notarized)

Applicant, being duly sworn, to before me this _____ day of _____, 20____. States that the facts set out in the above application are true.

Notary Public

My Commission Expires