

*APPLICATION FOR SALE/DISTRIBUTION OF
INTOXICATING AND NON-INTOXICATING LIQUORS*

TO: The Eldon Board of Aldermen
Eldon, Miller County, Missouri

Application No. _____
Date _____

Name of Applicant _____

Home Address _____

Telephone _____

Business Address _____

Telephone _____

Years at present home address: _____ to _____

Date of Birth _____ Place of Birth _____

Yes No U.S. Citizen

Yes No Naturalized Citizen

Yes No Registered Voter County _____ City _____ Ward _____

Yes No Taxpayer City where taxed paid _____

Yes No Do you have an interest in any liquor license which is now in force? If yes, give details.

Yes No Have you previously held a liquor license of any type? If yes, give details.

Yes No Have you ever had a liquor license suspended or revoked? If yes, give details.

Yes No Have you ever been convicted of any non-traffic related offense, including laws, statutes or ordinances relating to intoxicating liquor? If yes, give details.

TYPE OF LICENSE REQUESTED

- 3.2% to 5% alcohol, sold in original package, to consume on premises.
- 3/2% to 5% alcohol, sold in original package, to consume elsewhere.
- Over 5% alcohol, sold by the drink, to consume on premises.
- Over 5% alcohol, sold in original package to consume elsewhere.
- 3.2% to 5% malt liquor or wine under 14% alcohol, sold by the drink, to consume on premises.
- Sunday sales, in original package, to consume elsewhere.
- Restaurant Bar for Sunday sales (in addition to other license).
- Private clubs, over 5% alcohol, to consume on premises.

LOCATION

Yes No Has the location previously been occupied as a liquor store, establishment or tavern? If yes, state name.

Yes No Is the location within 300 feet of property used for church or school? If yes, attach written consent of Board of Directors of such property.

I, _____, do hereby make application for the issuance of a license under the City of Eldon Ordinance No. 979, Article II, Section 11-10 and the State of Missouri Regulations 311.050 through 311.485 of the Department of Safety. I swear that the above information is correct and valid to my knowledge. I swear that I am of good moral character and have never been convicted to a violation of the provision of any law applicable to the manufacture or sale of intoxicating or non-intoxicating liquor (except as described on the preceding page). I further swear that I do not now, now will employ in my business, as such dealer, any person whose license has been revoked, or who has been convicted of violating other provisions of any such law.

Attached herewith is an inventory and an appraisal of \$ _____ of the stock of goods, other than intoxicating liquor, at my proposed place of business.

I understand that all liquor licenses expire July 1 of each year.

Signature of Applicant _____

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

Notary Public

My Commission expires _____.

LIQUOR CONTROL BOARD ACTION

Approved Disapproved

City Marshal Rodney Fair

Approved Disapproved

City Administrator Gary N. Marriott

Approved Disapproved

City Attorney Mark G. R. Warren

If disapproved, state reasons _____

