

City of New Haven

Application for Liquor License



Please type or print this application in full. Information requested here is required by City of New Haven Ordinance and / or the Revised Statutes of Missouri. General liquor license applications are subject to review by the Chief of Police and approval / rejection by the New Haven Board of Aldermen. Temporary permit applications may be approved by the City Clerk.

SECTION ONE – Type of license requested

Check one: New _____ Renewal _____

General Licenses (check all that apply)

_____ Malt liquor, original package _____ \$75.00

_____ Intoxicating liquor (all kinds) original package _____ \$150.00

_____ Malt liquor, by drink _____ \$75.00

_____ Malt liquor and light wines, by drink _____ \$75.00

_____ Intoxicating liquor (all kinds) by drink _____ \$450.00

Sunday Sales

_____ Intoxicating liquor at retail (by package or drink) _____ \$300.00

Permits

_____ Temporary permit, by the drink (certain organizations only) _____ \$37.50

_____ Tasting permit _____ \$37.50

_____ Caterers _____ \$15.00

NOTE: Each license issued pursuant to this Chapter shall be for a term to expire on the last day of June next succeeding the date of issuance of the license; of the license fee to be paid for the license, the applicant for the license shall pay as many twelfths (12ths) as there are months and parts thereof remaining from the date of the license to next succeeding July first (1st).

SECTION TWO – Applicant Information

Name _____ Date of Birth _____ / _____ / _____

Address of residence _____

Are you a taxpaying citizen of the City and / or State of Missouri? Yes _____ No _____

No license may be issued to any person who is delinquent for real or personal property taxes. A paid tax receipt may be required.

Are you a registered voter at your place of residence? Yes _____ No _____

No license may be issued to a person who is not a registered voter. Proof of Voter Registration card may be required.

Have you ever been granted a license or permit whose license as such dealer has been revoked?

Yes _____ No _____

Have you or any person in your employ been convicted of a felony or any violation of a federal law, state statute, or local ordinance regulating, controlling or prohibiting the sale of liquor since the adoption of the Twenty First Amendment to the Constitution of the United States? Yes _____ No _____

(If yes to either of the above questions, you must attach a statement with details.)

Note: Each applicant will have to do their own background check and provide the proper paperwork stating they are cleared to get a liquor license before the City will issue the liquor license.

SECTION THREE – Business Information

Type of Operation: _____ Proprietorship _____ Partnership _____ Corporation _____ LLC _____ Other

Name of Company/Organization _____

Trade name (d/b/a) _____

Place of business in New Haven _____

Business mailing address (if different from above) _____

Phone No.: _____

SECTION FOUR – Partnerships / Corporations

This information is required by City of New Haven Ordinance and Missouri law. Please attach additional sheets if necessary. If applicable, a copy of your business registration with the State of Missouri **may** be substituted for this information, provided that all information is complete and up-to-date.

If a partnership, provide name and address of all partners _____

If a corporation, provide name and address of all officers:

Date of Incorporation _____ Registered Agent _____

Registered Address _____

Pursuant to City ordinance and Missouri law, neither the applicant nor any officer, director or shareholder of a corporate applicant shall have been convicted of a felony or of any distribution, sale or possession of any controlled substances or dangerous drugs. The City may request further information to assure that this requirement is met.

APPLICANT SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of _____ (applicant printed name) Missouri that the information contained in this application is true and complete.

Applicant signature and date

CITY USE ONLY – DO NOT WRITE IN THIS SPACE

Date Approved by Board	License Term	Fee Paid
Attest: City Clerk		Recommend for Approval? Yes _____ No _____ Chief of Police

