

LIQUOR LICENSE

REQUIREMENTS:

1. Completed license application and license fee payment.
2. Criminal record search on all liquor license holders, which may be obtained from the Missouri State Highway Patrol located at 1510 East Elm Street, Jefferson City, MO. They do not accept cash. You may reach them at (573)526-6153 and their website regarding this process is: <http://www.msdp.dps.mo.gov/MSHPWeb/PatrolDivisions/CRID/crimRecChk.html>
3. Missouri State Sales Tax Certificate, which may be obtained from the Missouri Department of Revenue (see reference number 7 below).
4. Worker's Compensation Certificate (if required per Missouri State Statute 287) (<http://www.moga.mo.gov/mostatutes/ChaptersIndex/chaptIndex287.html>)

Completed application (and all applicable documentation) and payment may be dropped off at or mailed to:

City of Jefferson, John G. Christy Municipal Building

Attn: Business Licensing

320 E. McCarty St., Room 202

Jefferson City, MO 65101

We also accept submittal of your application (and all applicable documentation) by email (billing@jeffcitymo.org) or fax (573-634-6329) and subsequent credit or debit card payment by phone (call 573-634-6322).

Contact the Business License Administrator at (573)634-6322 or billing@jeffcitymo.org for any further questions.

BENEFICIAL REFERENCES:

1. To apply for a State of Missouri Liquor License, visit the Missouri Alcohol and Tobacco Control Department located at 1738 E. Elm St., Lower Level, Jefferson City, MO or go to their website: <http://www.atc.dps.mo.gov>. Their phone number is (573)751-2333.
2. To obtain a Cole County liquor license, go to the Cole County Annex Building located at 311 E. High St., Room 201, Jefferson City, MO. Their phone number is (573)634-9104 and their website is: <http://www.colecounty.org/277/Liquor-Licenses>
3. To see if you qualify for a Cole County Merchants license, contact the Cole County Collector's office located at 311 E. High St., Room 100, Jefferson City, MO. Their phone number is (573)634-9124 and their website is: <http://www.colecountycollector.org/collector.htm?id=117>.
4. To register your business name, you may either go to the Missouri Secretary of State's office located at 600 W. Main Street, Jefferson City, MO, call (573)751-4153 or go to their website: <http://www.sos.mo.gov/business/corporations/forms>
5. To decide which form of business entity you wish to establish, you may visit the local IRS office located at 3702 West Truman Boulevard., call (573) 635-6827 or you may go to their website : <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Business-Structures>
6. To apply for a Federal Employee Identification number, you may visit the local IRS office located at 3702 W. Truman Blvd., Jefferson City, MO, call (573)635-6827 or go to their website: <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Employer-ID-Numbers-EINs>.
7. To apply for a Missouri State Sales Tax number, contact the Missouri Department of Revenue at (573)751-9268 or visit their website: <http://dor.mo.gov/business/>



OFFICE OF THE CITY LICENSE INSPECTOR
320 EAST MCCARTY ST.
JEFFERSON CITY, MO 65101
PHONE: (573)634-6322 FAX: (573)634-6329
EMAIL: BILLING@JEFFCITYMO.ORG

LIQUOR LICENSE APPLICATION

You may find the relevant City code, Chapter 4 – Alcoholic Beverages – online at <http://documents.jeffcitymo.org/WebLink8/0/doc/336985/Page1.aspx>.

You are encouraged to review its contents.

BUSINESS NAME: _____
 Doing Business As: _____
 BUSINESS ADDRESS: _____
 HOURS OF OPERATION: _____

DESCRIPTION OF PREMISES THAT THE LICENSE WILL COVER: _____

BUSINESS PHONE NUMBER: _____

OWNER/PARTNER/OFFICER INFORMATION:

Name: _____	Phone Number: _____
Home Address: _____	Social Security # _____
	Date of Birth: _____

Name: _____	Phone Number: _____
Home Address: _____	Social Security # _____
	Date of Birth: _____

Name: _____	Phone Number: _____
Home Address: _____	Social Security # _____
	Date of Birth: _____

Name: _____	Phone Number: _____
Home Address: _____	Social Security # _____
	Date of Birth: _____

Name: _____	Phone Number: _____
Home Address: _____	Social Security # _____
	Date of Birth: _____

Name: _____	Phone Number: _____
Home Address: _____	Social Security # _____
	Date of Birth: _____

Name: _____	Phone Number: _____
Home Address: _____	Social Security # _____
	Date of Birth: _____

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.

CONTINUED ON REVERSE SIDE →

1. Does any owner/partner/officer or any member hold a direct or indirect interest in any other license issued by the Missouri Supervisor of Liquor Control which is now in force? If so, list each licensee name and location of that premises:

2. Has any owner/partner/officer or any member ever held a license from the Missouri Supervisor of Liquor Control or ever had a financial interest in any entity which held such a license? If so, list each licensee name and location of that premises:

3. Has any owner/partner/officer or any member ever held a license or had a financial interest in a license which was suspended or revoked by the Missouri Supervisor of Liquor control or by the licensing authority of any other state, county or city? If so, provide details:

4. Is there now employed or will you employ, in the business sought to be licensed, any person who has at any time held an interest in a license from the Missouri Supervisor of Liquor Control which were suspended, revoked or denied or any person who has been convicted of a crime? If so, provide details:

5. Has any owner/partner/officer ever been employed by any person, partnership or corporation that has had a license suspended or revoked by the Missouri Supervisor of Liquor Control? If so, provide details:

6. Has any owner/partner/officer or any person with a direct or indirect interest in the business ever been charged with, indicted for, received a suspended imposition of sentence, or convicted of a violation of any Federal law, law of the State of Missouri or of any other state or county? If so, provide details:

7. Has any owner/partner/officer or any person with a direct or indirect in the business ever been convicted of the violation of any city ordinance relating to intoxicating liquor, non-intoxicating beer, gambling, immorality, fighting, peace disturbance or narcotics? If so, provide details:

8. Specify if you own, rent or lease the premises of this business: _____

State the terms of agreement: _____

Landlord's name and address: _____

9. State the name and address of any person, firm or corporation that is or will be providing financing to the business in the form of mortgages, operating loans, equipment leases, not to include normal short-term commercial credit from suppliers of consumable goods. Provide details:

10. Is this business required under Chapter 287 RSMo to provide insurance coverage for worker's compensation? If yes, attach a copy of the certificate. _____

I hereby state that the answers made to the questions contained herein are true. I understand that false answers made herein may result in the Liquor Board's denial of this license application. I agree that if any statements or answers made herein are untrue and the license applied for is granted, such license may be revoked or suspended by the Liquor Board. I acknowledge that I am required to report any change of fact contained herein within 10 business days.

I understand that any license granted by the Liquor Board will be subject to the current provisions of the Code of the City of Jefferson and applicable Missouri State laws and regulations, and failure to conform thereto will subject my license to suspension or revocation by the Liquor Board. Further, I agree to allow inspections made in accordance with the provisions of the Code of the City of Jefferson, and I authorize the Liquor Board or its duly appointed agents to examine and secure copies of any business records or documents established in connection with this business including, but not limited to, those on file with my bookkeeper.

I authorize the Liquor board or its duly appointed agents to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, note and loan documents, deposit and withdrawal records and escrow documents of the business' financial institution(s) or any financial records established in connection with the business.

The undersigned owner/partner/officer of the business authorizes the Liquor Board or its duly appointed agents to conduct a criminal record check of all of the individuals listed herein with an ownership interest in this business.

Signature: _____

CONTINUED ON REVERSE SIDE →

APPROVAL SIGNATURES (WE WILL OBTAIN THESE FOR YOU)

Director of Finance: _____ Date: _____

Fire Chief: _____ Date: _____

City Administrator Designee: _____ Date: _____

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.

License Fee:

License Cost (Table 1) _____ x Rate Multiplier (Table 2) _____ = Amount Due _____

(Round the amount due to the nearest cent.)

License Cost (Table 1):

Microbrewery (Per 100 Barrels-Maximum of \$250)	\$5
Wine Tasting	\$25
5% (Beer) Consumption on Premises (Includes Sunday Sales)	\$75
14% (Beer & Wine) Consumption on Premises	\$75
5% (Beer) Original Package Sales	\$75
5% (Beer) Solicitor	\$75
Club/Establishment (Less than 10% Alcohol Sales)	\$100
All Liquor Original Package Sales	\$150
22% (Beer & Wine) Solicitor	\$150
5% (Beer) Wholesale Solicitor	\$150
Sunday Sales-Tax Exempt Organization (Consumption on Premises)	\$300
Sunday Sales	\$300
22% (Beer & Wine) Manufacturer Solicitor	\$300
22% (Beer & Wine) Wholesale Solicitor	\$300
5% (Beer) Manufacturer Solicitor	\$375
All Liquor Solicitor	\$375
All Liquor Consumption on Premises	\$450
All Liquor Manufacturer Solicitor	\$675
All Liquor Wholesale Solicitor	\$750
BYOB	\$90

Rate Multiplier (Table 2):

RANGE	RATE
June 16-July 15	No Pro-rating
July 16-August 15	0.91666
August 16-September 15	0.83333
September 16-October 15	0.75000
October 16-November 15	0.66666
November 16-December 15	0.58333
December 16-January 15	0.50000
January 16-February 15	0.41666
February 16-March 15	0.33333
March 16-April 15	0.25000
April 16-May 15	0.16666
May 16-June 15	0.08333

**EMERGENCY NOTIFICATION INFORMATION
AFTER HOURS CONTACTS**

Alarm Company: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____