

**City of Greenwood
Application for Liquor License**

City Hall
709 W. Main
537-6969

Type or Print the Following Information

The undersigned hereby makes application for a license to sell alcoholic beverages as follows:

Applicant's Name: _____ Social Security # _____

Phone Number: _____ Date of Birth _____

Home Address: _____

Business Name: _____ Phone Number: _____

Business Address: _____

Name of person(s) who will be in active control and management of this business: _____

____ Liquor by Drink ____ Liquor by Package ____ Nonprofit special event

____ 5% Beer and Light Wine by Drink ____ Beer by Package

____ 3.2% Beer by Drink ____ Other: _____

____ Sole Owner ____ Partnership ____ Corporation ____ Limited Liability Company

1. What type of business is the license for? ____ Restaurant ____ Bar ____ Hotel
Other: _____

2. Proposed days and hours of operation: _____

3. Seating Capacity: _____ Not Applicable ()

4. Is proposed location within 300 feet of a school? ____ Yes ____ No

5. Do you now employ or intend to employ any person who has been convicted of a crime? () Yes () No
If yes, give details: _____

OFFICE USE ONLY - DO NOT WRITE BELOW

Date of Application: _____ Fee Enclosed: \$ _____

This application is hereby () approved () disapproved this _____ day of _____, 19 _____

Processed By

Director of Liquor Control

This application is not being made as a subterfuge to allow a person, other than myself, to obtain a license to sell alcoholic beverages in my name for his or her benefit.

I agree to report promptly any changes in the information provided with this application.

I agree to allow authorized representatives of the Greenwood, Missouri Police Department to conduct necessary investigations into financial and possible criminal records at banks and police agencies respectively.

I will at all times permit the entry of any officer who may have legal authority of the purpose of inspection or search, and I will permit the removal of all things and articles which maybe in violation of the Ordinances of Greenwood Missouri, and the laws of the State of Missouri, and I do consent to the introduction in evidence of such articles in any proceedings for the violation of any provision of the liquor control ordinances of Greenwood, Missouri, and/or for the suspension or revocation of the license for which this application is made.

I have familiarized myself with the provisions of Chapter 600 of the Greenwood, Missouri Code Book and agree to comply with these provisions in the conduct of the business.

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

Applicant's Signature

Date

Notary Public Seal

STATE OF MISSOURI
COUNTY OF _____

Subscribed and sworn before me, this _____ day of _____ 19____

Notary Public Name (Typed or Printed)

My Commission Expires

Notary Public Signature