

**CITY OF MOLINE ACRES  
APPLICATION FOR LIQUOR LICENSE**

Calendar Year: 20 \_\_\_\_\_

Annual fee: \$ \_\_\_\_\_

Sunday Sale \$300

**Type of Business:**  Grocery Store  Gas Station  Convenience Store  Entertainment Facility  
 Other  
  
 Sunday Sale (additional \$300 annually)

**NOTE: Applicant is not permitted to operate until license is issued in the business name.**

The undersigned hereby submits this application for license: (please check one below)

- Sell all kinds of intoxicating liquors at retail in the original package not to be consumed on the premises where sold. \$150 annually
- Sell all kinds of intoxicating liquor at retail by the drink for consumption on the premises where sold and including the sale of intoxicating liquors in the original package. \$450 annually
- Sell malt liquor having alcoholic content in excess of 3.2% by weight, but no in excess of 5% by weight at retail by the drink for consumption on the premises where sold and including such sale of non-intoxicating beer having alcoholic content not exceeding 3.2% by weight. \$450 annually
- Common eating and drinking places. \$450 annually
- Sell malt liquor having alcoholic content in excess of 3.2% by weight, but not in excess of 5% by weight in the original package direct to consumer not to be consumed on the premises where sold.
- Sell non-intoxicating beer where the alcoholic content not exceeding 3.2% by weight in the original package not to be consumed on the premises where sold.

Under and subject to the provisions of Ordinances of the City of Moline Acres, Missouri and relating to the regulation and control of the sale of intoxicating and/or non-intoxicating liquor:

Applicant hereby agrees that if permit of license is granted upon this application, that applicant or any officer, agent, employee or servant of applicant will not violate any provisions of the said Ordinances, or any laws of the State of Missouri or other ordinances of the City of Moline Acres while in or upon the premises of the applicant herein described, or knowingly allow any other person to do so.

Applicant hereby agrees that if the applicant of any of the officers, agents, servants or employees of the applicant shall violate any of the provisions of said Ordinances of the of the Acts of the General Assembly of the State of Missouri under the authority of which said ordinances of the City of Moline Acres, Missouri relating to the regulation, control, sale, manufacture, possession, transportation or distribution of intoxicating liquor, or fails to obtain and at all times have a license from the State Supervisor of Liquor Control of Missouri, or shall have made or there shall have made on applicant's behalf a false affidavit in applying for this license, the Board of Alderperson of the City of Moline Acres, Missouri may revoke any permit of license issued up on this application in the manner now or hereafter provided the said ordinances.

I have read and understand the conditions on which I may receive this license. By signing below I am agreeing to the terms that have been presented.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

If partnership, please list the names and addresses of all persons comprising partnership.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a corporation, please list the names and addresses of all officers having charge of the business operating in the City.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY OF MOLINE ACRES**  
Supplement to Application for Liquor License  
Confidential History Report

Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_-

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_ months/years

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No: \_\_\_\_-\_\_\_\_-\_\_\_\_ Age: \_\_\_\_\_

Are you a US citizen: \_\_\_\_yes \_\_\_\_no If naturalized, give date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been arrested? \_\_\_\_yes \_\_\_\_no if yes, please list \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_-

How long have you been operating at this address? \_\_\_\_\_ months/years

Previous Business Address: \_\_\_\_\_

Municipality operated in: \_\_\_\_\_

I hereby certify that there is no willful misrepresentation in or falsification of the statements and answers to questions for reason of evasion. I am aware that should investigation disclose such misrepresentations and falsifications, my application shall be rejected.

I hereby authorize any of my former employers to furnish the City of Moline Acres with their record of my services. I hereby release any of my former employers from all liability for any damages in furnishing said records.

Are you representing for any other persons, firm or corporation in submitting this application?  
\_\_\_\_yes \_\_\_\_no if so, whom: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Signature

\_\_\_\_\_  
Date