



107 West Sears Avenue  
Owensville, Mo 65066

573-437-2812- Voice  
573-437-5812 – Fax  
www.cityofowensville.com

### *Application for Liquor License*

I, \_\_\_\_\_, hereby apply to the City of Owensville to sell liquor as described below. Doing business as \_\_\_\_\_ with a physical address of \_\_\_\_\_, \_\_\_\_\_, Missouri.

City codes: Chapter 600

(Please check all that applies)

Liquor by the Drink	\$ 300.00	Yes ___ No ___
Liquor Sunday Sales	\$ 200.00	Yes ___ No ___
Package Liquor	\$ 150.00	Yes ___ No ___
Light Wine by the drink	\$ 75.00	Yes ___ No ___
Tasting Permit	\$ 37.50	Yes ___ No ___

The applicant hereby agrees if license is granted upon this application, that applicant or any officer, agent, employee, or servant of applicant will not violate any ordinance of the City while in or upon the premises of applicant herein described: nor any rule or regulation of the City of Owensville, or knowingly allow any other person to do so.

The applicant hereby agrees that if applicant or any their employees shall violate any provision of this Ordinance of the City of Owensville under which this application is made, or any ordinance of the City of Owensville, or any rule or regulation of the Board of Alderman relating to the regulation, control, manufacture, brewing, sale, possession, transportation, and distribution of intoxicating liquor, the City, in its' discretion, may suspend the operation of any license granted hereunder by said Board and during the time of such suspension, applicant hereby agrees to suspend the operation of business authorized by this application pending the investigation by the Board of Alderman of the violation by applicant of any ordinance of the City of Owensville, or any said rules and regulations above mentioned of the Board of Alderman.

\_\_\_\_\_  
(Signature of applicant)

- Name of Business: \_\_\_\_\_
  - Business Address: \_\_\_\_\_
  - Business Phone number: \_\_\_\_\_
  - Full name of Owner(s): \_\_\_\_\_  
\_\_\_\_\_
  - Date of Birth: \_\_\_\_\_
  - Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - Home Address: \_\_\_\_\_
  - Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
  - Contact Name & Phone number: \_\_\_\_\_
  - State Liquor License # \_\_\_\_\_
  - Have you ever had a license or permit from the Supervisor of Liquor Control revoked or suspended? Yes \_\_\_ No \_\_\_ If yes, describe below:  
\_\_\_\_\_  
\_\_\_\_\_
  - Have you or your employees been convicted of any Liquor Law violation? Yes \_\_\_ No \_\_\_ If yes, describe below:  
\_\_\_\_\_  
\_\_\_\_\_
  - Emergency contact if applicant cannot be reached  
Name \_\_\_\_\_ Number \_\_\_\_\_
- 

(Office use only)

Approved or Rejected \_\_\_\_\_ - \_\_\_\_\_  
(Date) (Signature)