



LIQUOR LICENSE APPLICATION

Remit application, license fee and a "Certificate of No Tax Due" to:

City of Troy
800 Cap-Au-Gris
Troy, MO 63379
Phone: (636) 528-4712
Fax: (636) 462-2619

APPLICANTS MUST SUBMIT A CERTIFICATE OF NO TAX DUE. THIS CERTIFICATE MAY BE OBTAINED BY CALLING THE MISSOURI DEPARTMENT OF REVENUE AT 573-751-9268

Each person to become a licensee in order to sell intoxicating liquor shall fill out the following form and submit the same to the Board of Aldermen of the City of Troy, Missouri, for their consideration:

A. Designate the kind of license(s) desired:

- Liquor by the drink (all kinds) \$250.00
- Liquor by the drink (beer and wine) \$75.00
- Package Liquor (all kinds) \$75.00
- Package Liquor Beer \$52.50
- Beer and Wine \$75.00
- Temporary Permit-by the drink for certain organizations (7 days max.) \$37.50
- Special Event-Date: _____
- *Tasting Permit \$37.50
- *Catering Permit \$15.00 (per day)

B. Designate the number of days:

- 6 days per week
- 7 days per week—Sunday sales (Additional Fee) \$100.00

C. Describe premises to which such license is to apply and the business name and address:

Premises _____
 Business name _____
 Business address _____

D. State the name, place or residence and mailing address of the person, association, partnership and names of partners, or corporation and managing officer thereof for whom a license is sought; also date of birth and Social Security number for each person (You may attach a separate list if you need more space):

 Name

 Address

 City, state, zip

 Date of birth

 Social Security number

E. List the dates and places of all revocations of liquor licenses and all convictions of any law applicable to the manufacture or sale of intoxicating liquor since the ratification of the *Twenty-First Amendment to the Constitution of the United States*, if any:

_____ Revocation date	_____ Revocation date
_____ Location	_____ Location
_____ Convictions	_____ Convictions
_____ Other	_____ Other

F. Applicants must also submit the following information:

- (1) a criminal background check
- (2) fingerprinting
- (3) a copy of the deed or lease for premises to which such license is to apply
- (4) a Certificate of No Tax Due

Applicant's Signature: _____

Printed Name: _____

Date: _____