



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

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 desired:
- Liquor by the drink
 - Package Liquor
 - Beer and Wine
- B. Designate the number of days:
- 6 days per week
 - 7 days per week

- 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:
- a criminal background check
 - fingerprinting
 - a copy of the deed or lease for premises to which such license is to apply
 - a "Certificate of No Tax Due" obtainable from the Missouri Department of Revenue by calling 573-751-9268.

Applicant's Signature: _____

Printed Name: _____

Date: _____