



# CITY OF ST. CLAIR, MISSOURI

#/ PAUL PARKS DRIVE -ST. CLAIR- MISSOURI 63077 - 636-629-0333

## LIQUOR LICENSE PERMIT FORM

Under the provisions of Section 4-19 of the Municipal Code of the City of St. Clair, this form is given to you as an application for a license within the city to sell, manufacture, or expose to sell, either at wholesale or retail, any intoxicating liquor in any quantity.

The following information is to be read and the following questions are to be answered. All blank spaces should be filled in as the Board of Aldermen use these questions as determination for the issuance of your liquor license.\*

An individual seeking a liquor license must be of good moral character and must be a qualified legal voter and tax-paying citizen of the State of Missouri. The managing officer of a corporation seeking a license must meet the same requirements. No person shall be granted a license who has been previously convicted of a felony, or who has been revoked, or who has been convicted of a violation of the provisions of any law applicable to the manufacture or sale of intoxicating liquor. Any decisions made other than by the above-mentioned ordinances will be dealt with solely and completely by the City of St. Clair Board of Aldermen. **All individuals are required to have a criminal background check performed through the state of Missouri.** This form can be found at [www.mshp.dps.missouri.gov](http://www.mshp.dps.missouri.gov) then click on criminal record check.

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Number of years residing in City: \_\_\_\_\_

Have you ever been convicted of a felony? : \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Location or premises in which a license is being requested:

Business Name \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

Business Phone: \_\_\_\_\_

**\*NOTE:** If more than one person is to be named on your license, it shall be necessary for each person to fill out a liquor license permit form.

**SELECT LICENSE TYPE:**

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- \_\_\_\_\_ Weekday only retail sales by package (No Sundays, No Drinks)
  - \_\_\_\_\_ Weekday only retail sales by package and by drink (No Sundays)
  - \_\_\_\_\_ Weekday & Sunday retail sales by package (No Drinks)
  - \_\_\_\_\_ Weekday & Sunday retail sales by package and by drink

**PAST EMPLOYERS:** *Please list names, phone numbers, and addresses for employers over the last three years:*

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**LIST REFERENCES:** *Please list three references other than a relative.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

THE AFOREMENTIONED INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_