

City of Strafford
P.O. Box 66
Strafford, MO 65757

Application for Liquor License

Name of Business: _____

Owners Name: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____ **Missouri Sales Tax Number:** _____

Detailed description of Business activity: _____

If application is for a corporation, submit a list separately of all managing officers and their address, name of corporation, and date of incorporation.

Type of Liquor License requesting:

- | | |
|--|----------|
| <input type="checkbox"/> Malt Liquor – Original Package | \$ 75.00 |
| <input type="checkbox"/> Intoxicating Liquor (All Kinds) – Original Package | \$150.00 |
| <input type="checkbox"/> Malt Liquor – by drink | \$ 75.00 |
| <input type="checkbox"/> Malt Liquor and light wines – by drink | \$ 75.00 |
| <input type="checkbox"/> Intoxicating Liquor (All Kinds) – by drink | \$450.00 |
| <input type="checkbox"/> Temporary Permit – by the drink for certain organizations (7 days max.) | \$ 37.50 |
| <input type="checkbox"/> Tasting Permit | \$ 37.50 |
| <input type="checkbox"/> Sunday Sales (All Kinds) – Original Package | \$300.00 |
| <input type="checkbox"/> Sunday Sales – Restaurant bars | \$300.00 |
| <input type="checkbox"/> Sunday Sales – Amusement Places | \$300.00 |
| <input type="checkbox"/> Sunday Sales – Liquor by the drink – charitable organizations | \$300.00 |

No license will be granted for the sale of intoxicating liquor within three hundred feet of any school, church or other building regularly used as a place of religious worship. No license will be granted for any applicant who has been convicted of a felony.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge believe it is true, correct, and complete.

(Business Owner Signature)

(Date)

State of Missouri)
)ss
County of Greene County)

Subscribed and sworn to before me this _____ day of _____ in the year 201__.

Notary Public

FOR OFFICE USE ONLY	
AMOUNT PAID: _____	DATE PAID: _____
CASH/CHECK NO. _____	DATE RECEIVED: _____
DATE APPROVED BY BOARD OF ALDERMAN: _____	
DATE LICENSE ISSUED: _____	