



"Gateway to Opportunity"

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:

- Malt Liquor - Original Package \$75.00
Intoxicating Liquor (All Kinds) - Original Package \$150.00
Malt Liquor - by drink \$75.00
Malt Liquor and light wines - by drink \$75.00
Intoxicating Liquor (All Kinds) - by drink \$450.00
Temp Permit - by the drink for certain organizations (7 days max.) \$37.50
Tasting Permit \$37.50
Sunday Sales (All Kinds) - Original Package \$300.00
Sunday Sales - Restaurant bars \$300.00
Sunday Sales - Amusement Places \$300.00
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

County of

Subscribed and sworn to before me this day of in the year 20.

Notary Public

FOR OFFICE USE ONLY

AMOUNT PAID:

DATE PAID:

CASH / CHECK NO.

DATE RECEIVED

DATE APPROVED BY BOARD OF ALDERMEN:

DATE LICENSE ISSUED