



CITY OF NORTH KANSAS CITY, MISSOURI
2010 HOWELL ~ NORTH KANSAS CITY, MISSOURI ~ PHONE: 274-6004

APPLICATION FOR INTOXICATING or NON-INTOXICATING LIQUOR LICENSE
(PLEASE PRINT OR TYPE)

DATE OF APPLICATION

BUSINESS OR TRADE NAME OF APPLICANT

NAME OF OWNER OR CORPORATION

ADDRESS OF BUSINESS

HOME ADDRESS OF OWNER OR AUTHORIZED OFFICIAL

BUSINESS PHONE

HOME PHONE

MISSOURI SALES TAX NUMBER

Application is made for Liquor License for the year ending December 31, 2010.

Payment therefore is enclosed in the amount of \$ _____

Have you ever held a Liquor License at any other location? [] Yes [] No

If so, state date and location _____

Type of Liquor License as listed in Ordinance: _____

A COPY OF YOUR CURRENT STATE OF MISSOURI LIQUOR LICENSE (S) MUST BE ATTACHED.

By: _____

THIS APPLICATION MUST BE SIGNED BY THE OWNER OR AUTHORIZED COMPANY OFFICIAL WHICH SHALL BE A RESIDENT OF THE STATE OF MISSOURI

CITY OF NORTH KANSAS CITY

RENEWAL APPLICATION

Date _____

I hereby make application to renew permit to sell or manufacture alcoholic beverages at: (√) _____ RETAIL _____ WHOLESALE .

Liquor by drink Beer by drink 5% or 3.3% Liquor by package Distr. less than 5%

Other _____

1. Name of applicant _____

Residence: Street Address _____

City _____ Zip Code _____

County _____ State _____ Telephone Number _____

2. (a) Doing Business As: _____

Street Address _____

City _____ Zip Code _____

County _____ State _____ Telephone Number _____

Applicant must furnish evidence of registration of fictitious name with the Secretary of State.

(b) If Corporation, list corporate name: _____

3. Single ownership Partnership Corporation

4. If partnership, names, addresses and dates of birth of all partners:

5. (a) If corporation, names and addresses of managing director or directors, officers and all stockholders, if number of stockholders does not exceed fifteen (such information to be on an attached sheet);

(b) if the number of stockholders exceeds fifteen, the managing director or directors, officers and all stockholders holding ten percent or more of the capital stock (such information to be on an attached sheet). List only managing director or directors and principal officers if corporation is non-profit or private club.

6. List all outstanding indebtedness such as loans, notes chattels, and mortgages now in force (exclusive of current supplies, such as liquor, food, etc.), giving name of creditor, nature of indebtedness and balance due:

Furniture & Fixtures: _____

Real Estate Loan: _____

Other Indebtedness: _____

7. Name of bank or banks with which firm or corporation is presently doing business _____

8. Does the applicant hereby authorize and consent, by this instrument to the examination by the department of liquor control of all bank records relating to the business? _____

9. List the names and addresses of all persons not previously mentioned in this application, who have made any contribution to, loaned or invested any money in the business during the preceding year. (If additional space is needed, use separate sheet):

Name _____ Address _____

Amount _____ Purpose _____

Balance Due _____

10. Has applicant borrowed or accepted any money from any wholesaler or supplier of alcoholic beverages? _____

11. List the name and address of any and all persons who may be assigned to any part of the management and control of the business, either directly or indirectly and describe assignment:

12. The applicant is aware and understands that failure to file and agree to furnish all the information required in
13. the application or any other information required by ordinance may result in the refusal of this permit.

AFFIDAVIT

I, _____ being of lawful age and duly sworn upon my oath do swear the answers and information given in this application are true, correct and complete to the best of my knowledge and belief.

APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires:

FOR THE DIRECTOR OF LIQUOR CONTROL

Ον της βασισ οφ ινφορματιον συππλιεδ βη τη αππλιχαντ, λιθυορ περμιτ ρενεωαλ αππλιχατιον ισ ηερεβη (✓) _____ approved
disapproved.

Date: _____

PUBLIC WORKS DEPARTMENT
DIVISION OF LIQUOR CONTROL
CITY OF NORTH KANSAS CITY, MISSOURI
2010 Howell, North Kansas City, Missouri 64116
(816) 274-6004

APPLICATION AFFIDAVIT

Application is hereby being made for a license to

sell _____ manufacture _____

alcoholic beverages at:

RETAIL _____ WHOLESALE _____

_____ Liquor by Drink
_____ Package Liquor
_____ Original Pkg/Sunday Sales
_____ Other

As Sole Owner Partnership Corporation LLC

1. Business Name _____

2. Business Address _____ Telephone No. _____

3. If a corporation list corporation name _____

4. If a corporation list name of managing agent: _____

5. Is business to be any type of partnership? _____ If so, list name and address of partner or partners:

6. Applicant's Name: _____

Residence _____

Telephone No. _____ Are you a citizen of the United States? _____

Place of birth _____ Birthdate _____

If naturalized, give date and place of naturalization _____

7. Sex _____ Age _____ Height _____ Weight _____ Color of hair _____ Color of eyes _____

8. Name of Father _____ Address _____

Maiden name of Mother _____ Address _____

Wife's maiden name and address _____

9. Have you ever been found guilty in any Court anywhere in the United States for any offense for which you served time, received a suspended sentence, or placed on probation or paid a fine? Do not include minor traffic offenses. Yes No If yes, give details: _____

10. Have you ever been convicted of a felony? Yes No If yes, give details: _____

11. Give names and business addresses of employers for the last five years. If you were self-employed, state nature of business and location. _____

12. Have you ever been the holder of any Liquor permit to manufacture or sell alcoholic beverages which was revoked? If so, give complete details: _____

13. Are you, or any member of your household or immediate family, interested directly in any other permit issued by the Director of Liquor Control which is now in force: Yes No If so, give complete details: _____

14. Have you, or any member of your household or immediate family, ever made application for a permit from the Director of Liquor Control which was denied? Yes No If so, give the name of applicant, approximate date of denial, and details regarding same: _____

15. Have you ever been bankrupt or insolvent? _____

16. Is the proposed location within 300 feet of a church? _____

Is the proposed location within 300 feet of a school? _____

17. What type of business is the permit to be used for? _____

18. Give dimensions of room or rooms in which alcoholic beverages will be dispensed _____

(Please attach a drawing of premises to be covered by this permit)

19. From who was the business purchased? _____

20. Date of purchase _____ Purchase price _____

21. Effective date of possession _____

22. Amount of down payment _____ Balance due _____

Source of down payment. If from savings, list name and address of bank or other institution. _____

23. Amount and to whom balance is due _____

24. How balance is secured and terms of payment _____

25. Did you incur or assume any debts not listed above to obtain funds to purchase or operate this business?

Yes No If so, give full details _____

26. Do you rent or lease the premises for which this business is to be used? _____

If so, give terms of rent or lease and name of owner of the property _____

27. What interest, if any, does your landlord have, directly or indirectly, in the business in which you intend to engage if the license is granted? _____
28. Does your landlord now hold or has he ever held a permit of any kind issued by the Director of Liquor Control? _____
29. Does the former owner of the business have any interest, either directly or indirectly, in the business for which you seek a permit? _____ If so, state details _____
30. State names of any person, firm, or corporation that has advanced, or will advance any money to you to purchase or operate the business for which you seek a permit _____
31. If a **RETAILER**, does any distiller, wholesaler, winemaker, brewer, or supplier of coin-operated manual, or mechanical amusement device or the employees, officers, or agents thereof have any financial interest in the business or will you either directly borrow or accept from any such person or persons equipment, money, credit, or property of any kind except ordinary commercial credit for liquor sold? _____
32. If a **WHOLESALE**R, does any retailer or supplier of equipment, or coin-operated commercial, manual, or mechanical, amusement device, or any employees, officers or agents thereof have any financial interest in the business or will you either directly or indirectly borrow or accept from such persons equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold? _____
33. Will you be the person in active control and management of this business full time? _____, Part time? _____, or Other? _____. If you do not operate the business full time give complete information on proposed or planned management. _____
34. Is there now employed, or do you expect to employ, in the business sought to be licensed hereunder, any person who has been convicted of any crime? _____ If so, state details _____
35. Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the Ordinances of North Kansas City, Missouri, and the laws of the State of Missouri; and do you consent to the introduction in evidence of such articles in any proceedings for the violation of any provision of the revised liquor control ordinances of North Kansas City, Missouri, and/or for the suspension or revocation of the permit which this application is made; and do you promise and agree not to violate any

of the ordinances of North Kansas City, Missouri, the laws of the State of Missouri or the United States in the conduct of the business for which permit is sought? _____

36. Do you authorize and consent to the examination by the Department of Liquor Control of you personal or business books, bank accounts or other records to verify the source of funds and terms under which this business is being purchased? _____

IF BUSINESS IS OWNED BY CORPORATION, COMPLETE THIS SECTION

37. Name of corporation _____

State in which incorporated _____ Date incorporated _____

Amount of paid-in capital _____ Authorized capital _____

38. Name of Managing Agent for corporation _____

Residence Address _____ Telephone No. _____

39. Names and addresses of all stockholders who hold 10% or more of the capital stock:

40. Names and addresses of president, vice-president, secretary and treasurer of corporation:

President: _____

Vice-President _____

Secretary _____

41. Is the corporation or any stockholder or the managing officer thereof, or any member of his household or immediate family, interest directly in any other permit issued by the Director of Liquor Control? _____

If so, give details _____

42. Has the corporation or any stockholder or the managing officer thereof, or any member of his family, or any time in the past held a permit issued by the Director of Liquor Control? _____

If so, give name of such permittee and the location of premises _____

43. Has any stockholder of the corporation or the managing officer ever been employed by any person, partnership, or corporation that had a permit revoked or suspended by the Director of Liquor Control? If so, give details _____

44. State the name and residence of each person, firm, or corporation, if any, other than the corporation and its stockholders, interested, or to become interested, directly or indirectly, other than hereinabove set out, in the business for which a permit is sought and the nature of such interest. _____

45. Is this application being made by the corporation as a subterfuge to permit any person other than yourself to obtain a permit from the Director of Liquor Control, in your name for his benefit? _____

**PUBLIC WORKS DEPARTMENT
DIVISION OF LIQUOR CONTROL
CITY OF NORTH KANSAS CITY, MISSOURI**
2010 Howell, North Kansas City, Missouri 64116
(816) 274-6004

PERSONAL INFORMATION

TO BE COMPLETED BY MEMBERS OF PARTNERSHIP; OFFICERS, DIRECTORS AND STOCKHOLDERS OF CORPORATION

Business Name _____

Address _____

Telephone _____

1. Name _____

2. Home Address _____

3. Home Phone No. _____ Date of birth _____ State of Birth _____

4. Sex _____ Age _____ Height _____ Weight _____ Color of hair _____ Color of eyes _____

5. Are you a citizen of the United States of America? _____

6. If naturalized, give date and place of naturalization _____

Wife or husband's name and address _____

Name of Father _____ Maiden Name of Mother _____

Address _____ Address _____

Telephone _____ Telephone _____

7. Have you ever been arrested or indicted for the violation of any federal law, law of the State of Missouri, or of any other state? _____ . If so, give details _____

8. Have you ever been convicted of any crime in any Missouri court, any court of any other state, or in any federal court? _____ . If so, give details _____

9. Have you ever been convicted of a felony? _____

10. Give names and business addresses of employers for the last five years. If you were self-employed, state nature of business and location. _____

11. Have you ever been the holder of a permit to manufacture or sell alcoholic beverages which was revoked? _____ If so, give complete details _____

14. Are you, or any member of your household or immediate family, interested directly or indirectly in any other license issued by the Director of Liquor Control which is now in force? _____

If so, give details _____

15. Have you or any member of your household or immediate family, ever made application for a license from the Director of Liquor Control which was denied? _____

If so, give the name of applicant, approximate date of denial, and details regarding same _____

16. Have you ever been bankrupt or insolvent? _____

17. Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the Ordinances of North Kansas City, Missouri and the laws of the State of Missouri; and do you consent to the introduction in evidence of such articles in any proceedings for the violation of any provision of the revised liquor control ordinances of North Kansas City, Missouri, and/or for the suspension or revocation of the permit for which this application is made; and do you promise and agree not to violate any of the ordinances of North Kansas City, Missouri, the laws of the State of Missouri, or the United States in the conduct of the business for which permit is sought?

I, (please print) _____ being of lawful age and
Duly sworn upon my oath do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

APPLICANT'S SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My Commission expires: _____



**MISSOURI STATE HIGHWAY PATROL
REQUEST FOR CRIMINAL RECORD CHECK**

SHP-158K 08/07

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

NAME	LAST	FIRST	MIDDLE	JR / SR
MAIDEN / ALIAS	LAST	FIRST	MIDDLE	JR / SR
SEX	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RACE	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			<input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN	
ADDRESS	STREET - P.O. BOX	CITY	STATE	ZIP CODE
ENTITY TYPE	PURPOSE FOR REQUEST			
<input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL	<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> LICENSING <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER (specify)			

TYPE OF RECORD CHECK - PROCESSING FEE - METHOD OF PAYMENT

(per Sections 43.527 and 43.530, RSMo.)

- | | |
|--|--|
| <input type="checkbox"/> \$9.00 NAME SEARCH
Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER. Response will be returned with all open records and records of conviction. | <input type="checkbox"/> \$20.00 FINGERPRINT SEARCH
Based on APPLICANT FINGERPRINT CARD. Response will be returned with complete records to the individual or qualifying entity. |
|--|--|

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."

MSHP / CENTRAL REPOSITORY RESPONSE



FORWARD TO - SEND REPLY TO

Please forward the request and fee to:

**Missouri State Highway Patrol
Criminal Records and Identification Division
Post Office Box 9500
Jefferson City, MO 65102**

SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) _____

Criminal Records and Identification Division General Information

The Missouri Criminal Records Repository (MCRR), collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by 43.500 and 589.400 RSMo.

Criminal History Record Information is information collected by criminal justice agencies on individuals consisting of arrests, prosecution, a final disposition, correctional supervision, and release. All felony and serious misdemeanor arrests (referred to as reportable arrests) including offender registration information as defined under 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal history records are designated as open or closed.

- Open records
 1. arrest record for 30 days following arrest.
 2. arrest record for which charges have been filed.
 3. court disposition of guilty.
 4. suspended imposition of sentence during probation period.
- Closed records
 1. arrest record after 30 days following arrest.
 2. nolle prossed.
 3. dismissed.
 4. found not guilty.
 5. suspended imposition of sentence after probation completed.
- Closed records are accessible to certain groups designated in section 610.120, RSMo.
 - MCRR will only release closed records to those noncriminal justice entities entitled to closed records, when the criminal record check is based on a fingerprint search which will assure the identity of the subject in question.
 - Any person can receive their own record, open and closed, by submission of fingerprints and required fee.

Any requester may receive open record information.

Closed records are accessible by the following, in accordance with 610.120 RSMo, with the submission of fingerprints and required fee.

FBI Record requests

- The FBI files are open to criminal justice agencies for the administration of criminal justice.
- The FBI has only open files in that if someone has the authority to receive the records, they receive all that is on file.
- The FBI allows access to their files to noncriminal justice agencies for certain purposes for a fee.
 - The purpose for the record check must be set forth in the federal regulations.
 - The state, from which the noncriminal justice request originates, must have a state statute specifying the entity has state authority to check the FBI files for the purpose specified.
 - Fingerprints must be submitted before the FBI will release their files to a noncriminal justice entity.
 - The result of the federal record search must terminate at a governmental agency and is not to be released to a private entity.
- All requests into the federal file from the state entities must come through and be stamped by MCRR.
- Effective 10-01-2007, Federal record checks for noncriminal justice entities are \$19.25 for licensing or employment checks and \$15.25 for volunteers to those covered care facilities.

PENALTY - A person who knowingly violates any provision of section 43.532, 43.540, 610.100, 610.105, 610.106, or 610.120 is guilty of a class A misdemeanor.

NO: _____

NORTH KANSAS CITY
2010 Howell
North Kansas City, Missouri 64116
(816) 274-6004

Application for: Sidewalk Dining Sidewalk Dining/Alcohol Consumption License
Annual Fee: \$ 10 Annual Fee: \$100

Name of Restaurant:
Address:
Telephone #
Name of Applicant:
Address:
Telephone #:
Consent of Owner of Premises, if other than Applicant:
Premise Owner's Name
Premise Owner's Address
Premise Owner's Telephone
Signature of Premise Owner hereby granting consent
Dimensions:
Width of Building Front:
Width of Sidewalk from curb to Building Front:
Number of Tables and Chairs
<i>I hereby certify that I have read and will comply with the requirements set forth in the City Code adopted as Ordinance No. 8377</i>
<i>Signature of Applicant:</i> _____ <i>Date:</i> _____

Reviewed and Approved:

Codes Enforcement:	Date:
Public Works Director:	Date:
Director of Liquor Control:	Date: