SEDALIA
Let's Cross Paths

City of Sedalia
Finance Department
200 S. Osage
Sedalia, MO 65301
(660) 827-3000 www.sedalia.com

APPLICATION FOR LIQUOR LICENSE

To the Mayor and The City Council of the City of Sedalia, MO; I or WE hereby make application for the CITY LICENSE TO SELL non-intoxicating or intoxicating BEER or LIQUOR as:

Package Sales: Retail sales (22% or less by volume) $150.00 ☐ Beer only $22.50 ☐ Sunday liquor sales $300.00 ☐
Tasting permit $37.50 ☐ Non-intoxicating beer $22.50 ☐ Wholesale liquor $300.00 ☐ Wholesale beer only $50.00 ☐
Wholesale Non-Intoxicating Beer $50.00 ☐ Manufacturer $300.00 ☐

Food, beverage or entertainment business: Liquor by the drink $450.00 ☐ Consumption liquor license $300.00 ☐

Other on premises consumption (by the drink): Malt beverage (Beer and Wine) $75.00 ☐ Liquor by the drink $450 ☐
Liquor by the drink (up to 22% alcohol) $50.00 ☐ Temporary restaurant/resort license (90 days) $112.50 ☐
Caterer's license $1,500.00 ☐ Picnic license fee $37.50 ☐ Special Event (per day) $15.00 ☐
Non-Intoxicating Beer $35.00 ☐ Sidewalk Liquor Consumption $50.00 ☐

Sunday Liquor Sales: Annually $300.00 ☐ Daily $25.00 ☐

BUSINESS INFORMATION:

Business Name:_____ MO Retail License Number:_____

Business Address:_____ Sedalia, Missouri 65301

Mailing Address:_____

Telephone Number:(___)____-_____ Email Address: _____

Has license been suspended since last renewal? ☐ Yes ☐ No ☐ N/A, new applicant (If yes, please explain the circumstances of the suspension in detail on reverse side of form.)

Former Business:_____ Location(former business): _____

Description of Property or Place To Which This Application Applies (examples: restaurant, convenience store, bar/lounge, etc.)

_____

MANAGING OFFICER INFORMATION: (per City Code Sec. 4-38: of such corporation who is of good moral character and a qualified legal voter and taxpaying resident of the City of Sedalia, Missouri)

Managing Officer Name:_____S.S. # ____-____-____ Birth Date ___/____/____

Residence Address: _____ Sedalia, Missoouri 65301

Length of Residence Address:_____ Have You Ever Been Convicted Of A Felony? ☐ Yes ☐ No

Under the provisions of the Ordinances of the City of Sedalia, Missouri governing such sales. I do hereby certify the above information to be true and correct. I also certify that I am of good moral character and a qualified legal voter and a taxpaying citizen of the City of Sedalia, Missouri.

Dated at Sedalia, Missouri, this _____day of_____, 20____

Signed:_____ Print Name: _____

Police Department verification:

Chief of Police: _____ Date:_____
David Woolery