616-24 (Rev. 4/08)

City of St. Louis

Department of Public Safety - Excise Division

Room 416 • City Hall • Tucker & Market Streets • St. Louis, MO 63103 • (314) 622-4191 • FAX: (314) 613-3172

APPLICATION FOR LIQUOR OR BEER LICENSE

NEW _____ Change In Managing Officer _____

CLASSIFICATION _____ Date: _____, 20_____

FULL_____ 22%_____ 5%_____

1. Type of Business

   ❑ INDIVIDUALS ❑ PARTNERSHIP ❑ CORPORATION ❑ OTHER _____

2. Doing Business Name: _____

3. Corporate/individual Name: _____ FID/S.S. # _____

   Managing Officer Name: _____ FID/S.S. # _____

4. Premise Address _____ Business Telephone _____

5. Legal Description of Premises: _____

6. Residence Address _____ Residence Telephone _____

7. Age _____ Date of Birth _____ Place of Birth _____

8. List place and type of employment for past three (3) years:

   Date: _____

   Date: _____

   Date: _____

9. If female, give maiden name and all marriage names: _____

10. If married, give name, age, place of birth and occupation of spouse for past three (3) years: _____

11. Has applicant ever had a beer or liquor license? _____

    Been employed by a liquor licensee? _____

12. Has applicant or spouse ever been arrested and charged with a violation of any liquor law? _____

13. Has applicant or spouse ever been arrested and charged with a felony? _____

14. Has applicant any other license to sell beer or liquor? _____

15. Has applicant any interest, financial or otherwise, in any other beer or liquor licenses? _____

    Extent of interest: _____

16. Is applicant indebted in any way for money or property proposed to be used in the licensed business? _____

    NAME _____ ADDRESS _____ AMOUNT $_____

    Business or occupation of person to whom indebted: _____

17. Name and address of owner of building in which licensed business is to be conducted: _____

18. Current Personal Property Tax Receipt No: City _____ County _____

CORPORATIONS AND LEGAL ENTITLES

1. Has there been any change in Managing Officer, Corporate Officers, Stockholders or Stock Ownership which has not been approved by the Excise Commissioner? YES _____ NO _____

2. Name, address, date and place of birth, social security number and number of shares of stock now owned by each officer or stockholder.

NAME AND ADDRESS	DATE AND PLACE OF BIRTH	SOC. SEC. NO.	# SHARES

3. Has any Officer or Shareholder been arrested or charged with any violation of the liquor laws or any felony? _____

4. Has any Officer or Shareholder any direct or indirect interest, financial or otherwise, in any other beer or liquor licenses?

UNDER OATH I(WE) STATE THAT THE ABOVE AND FOREGOING STATEMENTS ARE TRUE AND CORRECT.

_____

_____
Title

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

Thumb Print

EXCISE COMMISSIONER, CITY OF ST. LOUIS

BY: _____
Title