

CITY OF NORMANDY

7700 Natural Bridge Road
Normandy, MO 63121
Ph: (314) 385-3300 Fax: (314) 385-1054

APPLICATION FOR LIQUOR LICENSE

(This license required under Ordinance #358 of the City of Normandy, MO.)

LICENSE FEES & DURATION OF LICENSE

Package Liquor:

Malt Liquor Only	\$ 22.50
All Kinds	\$150.00
Non-Intoxicating Beer	\$ 22.50
All Kinds on Sunday	\$300.00

By the Drink:

Malt Liquor/Light Wine Only	\$ 52.50
All Kinds	\$450.00
Non-Intoxicating Beer	\$ 37.50
Malt Liquor/Light Wine Only on Sunday	\$300.00
All Kinds on Sunday	\$300.00
Malt Liquor/Non-Intoxicating Beer	\$ 25.00 event
(certain organizations for 1-3 day events)	

(Annual Licenses – issued hereunder shall be dated August 1 and expire on July 31 of the following year and the license fee shall be payable on August 1st.)

Type of License Requested:

Package Liquor:

- ☐ Malt Liquor / Light Wine Only (3.2% to 5% for Malt Liquor-not in excess of 14% for Wine)
- ☐ Liquor of All Kinds (In excess of 5%)
- ☐ Non-Intoxicating Beer (.5% to 3.2%)
- ☐ Liquor of All Kinds on **Sunday** (In excess of 5%)

Liquor By the Drink:

- ☐ Malt Liquor / Light Wine Only (3.2% to 5% for Malt Liquor-not in excess of 14% for Wine)
- ☐ Liquor of All Kinds (In excess of 5%)
- ☐ Non-Intoxicating Beer (.5% to 3.2%)
- ☐ Malt Liquor / Light Wine Only on **Sundays** (3.2% to 5% for Malt Liquor-not in excess of 14% for Wine)
- ☐ Liquor of All Kinds on **Sunday** (In excess of 5%)
- ☐ Malt Liquor/Non-Intoxicating Beer (One – Three day events)

Package Liquor License Only:

Is your business a:

- ☐ Drugstore
- ☐ Tobacco Store
- ☐ General Merchandise Store
- ☐ Confectionery
- ☐ Delicatessen
- ☐ Other _____

Dollar value of stock and goods exclusive of fixtures and liquor \$_____.

Liquor by the Drink License ONLY:

Do you prepare and serve food on the premises? ☐ Yes ☐ No

Receipts from sale of food and drink last year? \$_____ Food

\$_____ Drinks

Section II

Name of Business: _____

Business Address: _____ Phone: _____

Name of Managing Officer: _____

Residence Address: _____ Phone: _____

Place of Birth: _____

Date of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Have you ever been arrested? ☐ Yes ☐ No What Charge? _____

Time & Place of Arrest: _____ Disposition: _____

Ownership Status: ☐ Individual ☐ Partnership ☐ Corporation

List Partners or Corporate Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Have you acquired all necessary Federal, State and County Licenses?

Number & Date of Federal License: _____ N/A _____

Number & Date of State License: _____

Number & Date of County License: _____

Applicant Understands that if issued, the license will be a privilege to operate in the manner described in this application and will be subject to all Ordinances of the City of Normandy and the laws of the State of Missouri. Applicant further agrees that he will abide by all ordinances and regulations to the best of his knowledge true and accurate and that he is in all respects qualified by law to receive the license herein applied for and that the signatures contained on the petition attached to this license have been gathered without coercion from the property owners listed therein and that they are to best of applicants ability to ascertain same, true and correct signatures of those individuals.

Applicant Signature Date

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

Notary Public My Commission Expires: _____

RELEASE AUTHORIZATION

I, _____, owner/officer, of _____ do hereby certify that all statements made in connection with this application are true.

I understand and agree that any falsification or omission of information will be cause for denial by the City of Normandy for the issuance of a business license and/or conducting of the above named business in the city of Normandy.

I hereby, authorize the City of Normandy and/or the Normandy Police Department to do a police record check and drivers' license check and in doing so, do release, the City of Normandy, Normandy Police Department and/or person(s) involved for any damage whatsoever that may arise from obtaining such information and also any person(s) for furnishing such information to the holder of this release.

Signed: _____
Owner(s)/officer(s)

Date: _____

Social security No.: _____
Owner(s)/officer(s)

No license required under the provisions of this chapter shall be issued to any person, firm or corporation required to have workers' compensation insurance coverage under Chapter 287, RSMo. 1986, as amended, unless a certificate of insurance for workers' compensation coverage shall be provided to the city. Issuance of a license shall not be construed to ensure or guarantee to any person that a licensee has or will maintain workers' compensation insurance coverage. The City shall not be liable to any person for any reason if a licensee fails to have or maintain such insurance or fails to provide such coverage to one or more individuals. Pursuant to the provisions of S.B. 251 of the 87th Missouri General Assembly, nothing contained in this ordinance shall be construed to create or constitute a liability to or a cause of action against the City in regard to the issuance or non-issuance of any license for failure to provide evidence of workers' compensation coverage.

FOR OFFICE USE ONLY

Date of issuance:		<input type="checkbox"/> Change of Address	<input type="checkbox"/> Record Check
License No.		<input type="checkbox"/> New Business	
Fee Paid:		<input type="checkbox"/> Renewal of License	
<input type="checkbox"/> Affidavit Signed		<input type="checkbox"/> Change of ownership	