



*City of Pleasant Hope*  
*304 E Miller Street*  
*417-267-2112*

## LIQUOR LICENSE APPLICATION

License Year - July 1 thru June 30

**All applications for liquor license are subject to the approval of the Board of Alderman.**

OPERATING NAME OF BUSINESS \_\_\_\_\_ DATE : \_\_\_\_\_

BUSINESS STREET ADDRESS \_\_\_\_\_

MISSOURI SALES TAX # \_\_\_\_\_ NO. OF EMPLOYEES: \_\_\_\_\_

Check the license(s) covered by this application:

|  |                 |
|--|-----------------|
| _____ Retail Sale of Package Beer – Weekdays and Sunday    | <b>\$75.00</b>  |
| _____ Retail Sale of Package Liquor – Monday thru Saturday | <b>\$150.00</b> |
| _____ Retail Sale of Package Liquor – Sunday               | <b>\$300.00</b> |
| _____ Consumption of Intoxicating Liquor                   | <b>\$90.00</b>  |

### Total Amount

This application shall be accompanied by proper remittance reflecting the appropriate license fees made payable to the City of Pleasant Hope

### A. INFORMATION REGARDING BUSINESS:

1. Type & nature of business (in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Sole Ownership \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_

3. Legal Name of Business \_\_\_\_\_

4. Mailing Address of Business: \_\_\_\_\_  
\_\_\_\_\_

5. Business phone # \_\_\_\_\_ Primary Owner's Phone # \_\_\_\_\_

### B. INFORMATION ABOUT THE APPLICANT

1. Applicant is: Owner \_\_\_\_\_ Manager \_\_\_\_\_ Agent \_\_\_\_\_

2. Full Name of Applicant: \_\_\_\_\_

3. Complete Home Address of Applicant: \_\_\_\_\_

4. Phone # for Applicant: \_\_\_\_\_

5. Emergency contact person: \_\_\_\_\_

6. Emergency contact Phone # \_\_\_\_\_

7. Have you ever had and revocations of liquor and/or beer licenses?: \_\_\_\_\_

Dates and places of revocations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have you ever had and convictions of any law applicable to the manufacture or sale of intoxicating liquor or beer? \_\_\_\_\_

Dates and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Provide Copies of the following:**

- ☐ Missouri Liquor License(s)
- ☐ Current County Merchant License
- ☐ No Tax Due Letter
- ☐ Please provide a photo of place of business.

I hereby agree to operate the above described business in accordance with all regulations and conditions imposed by the laws of the State of Missouri and the City of Pleasant Hope. I further declare under penalty of perjury that the information provided on the application is true and accurate.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

All other applications can be presented to the Board of Alderman at any regular meeting for approval.

**LICENSE IS ISSUED AFTER THE BOARDS APPROVAL.**

The license must be displayed in the place of business in a public and prominent place.

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**FOR BUSINESS LICENSE USE ONLY**

Application:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

**PUBLIC WORKS USE ONLY**

Compliance:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_