CHECKLIST OF REQUIRED ITEMS FOR LIQUOR LICENSE APPLICATIONS

☐ Completed Application
☐ Completed Personal Information Data Form
☐ Photo of Owners and Managing Officer
☐ Photo of Establishment
☐ Diagram of the Premises (including Basement, Exterior Seating)
☐ Appointment of Managing Officer Form
☐ LLC Operating Agreement or Corporate Bylaws
☐ Certificate of Good Standing from the State of Missouri
☐ Fictitious Name Registration
☐ Copy of State License
☐ Copy of State Criminal Background Check
☐ Copy of City of North Kansas City Business License
☐ Copy of Certificate of No Tax Due
☐ Copy of Menu – Restaurant/Bar License Only
☐ License Fees – Make Check Payable to: City of North Kansas City
NORTH KANSAS CITY LIQUOR LICENSE APPLICATION
TO BE COMPLETED BY OWNER; MEMBERS OF PARTNERSHIP; OFFICERS, DIRECTORS AND STOCKHOLDERS OF CORPORATION

Business Name (LLC, Corporation, Partnership, Sole Owner):

__________________________________________________________

DBA Name: ______________________________________________

Business Address: _________________________________________ North Kansas City, MO 64116

Days & Hours of Operation __________________________________

Business Type:

_____Restaurant/Bar _____Tavern _____Package Sales

License(s) Applying For:

_____Original Liquor License _____Sunday _____Extended Hours (3am) _____Legal Description Change

_____Change of Managing Officer _____Change of Ownership _____Manufacturer _____Wholesaler

Type of Liquor License:

_____Retail Sales by Drink _____Malt Liquor / Light Wine Sales by Drink _____Retail Sales by Package

_____Malt Liquor Sales by Package _____Microbrewery _____Beer by the Drink

Wholesaler: _____Full _____22% or less _____Beer (5%)

Manufacturer: _____Full _____22% or less _____Beer (5%)

Other (please describe): ____________________________________________

Legal Description Includes:

How Many Floors Will Be Licensed: ________ (Including Basement)

_____Exterior Deck _____Exterior Patio _____Sidewalk Café _____Rooftop

Deck Patio Location _____East _____West _____North _____South

Total Square Footage of Inside Premises: ________ Total Square Footage of Exterior Premises: ________

Property Owner’s Name: _________________________________________ Mobile Phone: ________________

Entertainment:

Type of Entertainment: _____Live Music _____DJ _____Dancing _____Other: _________________________
Managing Officer:
Managing Officer's Name: ____________________________________________
Address: _________________________________________________________

[Must Be a Missouri Resident]
Email: ___________________________ Mobile Phone: ________________

Corporation
Name of Corporation: _____________________________________________
State of Corporation: __________________ Date of Incorporation: __________
List all owners of the LLC and stock percentages:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Limited Liability Company
Name of LLC: _____________________________________________________
State of Organization: __________________ Date of Organization: __________
List all owners of the LLC and stock percentages:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Partnership
Name of Partnership: _____________________________________________
State of Partnership: __________________ Date of Partnership: __________
List all owners of the Partnership and stock percentages:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Is the proposed location within 300 feet of a school or church? _____ Yes _____ No

Landlord’s Name: ____________________________________________________________

Contact Information: ________________________________________________________

Property Owner(s): __________________________________________________________

Contact Information: ________________________________________________________

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?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Does the former owner of the business have any interest, either directly or indirectly, in the business for which you seek a permit? _____ Yes _____ No _____ N/A  If yes, provide details:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Total investment amount to set up the proposed business $ ______________________

Source of Funds: ____________________________________________________________

List the names of all person(s), firms or corporations that have provided or will provide money to purchase or set up this business and indicate amount

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Have you ever been bankrupt or insolvent? _____ Yes _____ No

Will you be the person in active control and management of this business: _____ Yes _____ No _____ Other

If you do not operate the business full time, give complete information on proposed or planned management:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
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 a crime? _____ Yes _____ No  If yes, provide details:

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? _____ Yes _____ No

If applying as a RETAILER, does any distiller, wholesaler, winemaker, brewer, or supplier of coin-operated 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 any such person or persons equipment, money, credit, or property of any kind except ordinary commercial credit for liquor sold? _____ Yes _____ No

If applying as a WHOLESALER, 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 person's equipment, money, credit, or property of any kind except ordinary commercial credit for liquor sold? _____ Yes _____ No

Do you agree to allow the North Kansas City authorized representatives to conduct necessary investigations into the business and into financial and possible criminal records at banks and police agency respectively? _____ Yes _____ No

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 or the United States in the conduct of the business for which permit is sought? _____ Yes _____ No

Do you agree to comply with the provisions of Chapter 4 of the Code of Ordinances of North Kansas City, Missouri and will not violate any ordinances of the City and laws of the State of Missouri? _____ Yes _____ No

I, ________________________________, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand the contents thereof and the information that I have provided is accurate and complete.

Applicants Signature ___________________________________________ Date ________________

2010 Howell Street • North Kansas City, MO 64116 • 816.274.6000 • NKC.ORG
NORTH KANSAS CITY LIQUOR LICENSE PERSONAL DATA

ANY PERSON THAT HAS MORE THAN 10% OWNERSHIP / MUST ALSO SUBMIT A BACKGROUND CHECK

Name: ___________________________ Maiden: ___________________________
Address: ___________________________ City: ___________ State: ___________
Email: ___________________________ Contact Phone: ______________________
SSN: ___________________________ DOB: ___________ Place of Birth: ___________
Spouse’s Name: ___________________________ Maiden: ______________________
Business Name: ___________________________
Address: ___________________________

Do you or any immediate family member have direct or indirect interest in any other active liquor license? 
_____ Yes _____ No  If yes, please provide additional information: ____________________________________________

Are you a United States citizen? _____ Yes _____ No  If no, Date and Place of Naturalization: ____________________________

Have you ever been arrested, indicated or convicted for the violation of any federal or state law? 
_____ Yes _____ No  If yes please provide details: ____________________________________________

Have you have applied for a liquor license that was denied or revoked? _____ Yes _____ No
If yes please provide details: ____________________________________________

What percentage of the license do you have? ____ %

I, ___________________________, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand the contents thereof and the information that I have provided is accurate and complete.

_________________________________________ ___________________________
Applicants Signature Date
Managing Officer Appointment Form

Date ________________

________________________________________, has appointed
(Name of Corporation, LLC or Organization)

________________________________________ as the Managing
Officer for the corporation or organization. The Managing Officer is a person in licenses’
employ, either as an officer or as an employee who is vested with the general control with
superintendence of a whole, or a particular part of, the Licenses' business as required by
State law 11 CSR 70 -2.030 (7).

________________________________________  ______________________________________
Officer of the Business                      Date of Change
LIQUOR LICENSE APPLICATION

(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: JUNE 30, 2019

Payment therefore is enclosed in the amount of: $ __________________________

Type of Liquor License as listed in Ordinance: __________________________

DECLARATION UNDER PENALTY OF SECTION 575.060 RSMo

I declare that all statements or representatives contained in or attained to this form are made under oath or affirmation and are true and correct to my best knowledge and belief under penalty of Section 575.060, RSMo, which specifies that anyone who makes a false statement in writing with intent to mislead a public official in the performance of his official duties is guilty of a class B misdemeanor.

<table>
<thead>
<tr>
<th>Signature of Managing Officer</th>
<th>Date</th>
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<tbody>
<tr>
<td>Owner or Partner</td>
<td></td>
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</tbody>
</table>

| Signature of Partner          | Date |

| Signature of Partner          | Date |

| Signature of Partner          | Date |