

CITY OF ROCK PORT
500 SOUTH MAIN ST.
ROCK PORT, MO 64482
POPULATION: 1,278



CITY HALL
(660) 744-2636
WWW.RPMO.COM
RPCITYHALL@RPMO.COM

APPLICATION FOR LIQUOR LICENSE

(NOTE: This application must be completed in full and submitted with applicable fees.)

The undersigned respectfully makes application for liquor license. (Check all licenses required.)

- \$675.00 1. Liquor Manufacturer Solicitor (LMS)
- \$375.00 2. 5% Manufacturer Solicitor (5MS)
- \$750.00 3. Liquor Wholesale Solicitor (LWS)
- \$150.00 4. 5% Wholesale Solicitor (5WS)
- \$22.50 5. Original Package 3.2% Beer – includes Sunday (32OP)
- \$37.50 6. 3.2% Non-Intoxicating Beer by Drink – includes Sunday (32BD)
- \$75.00 7. Original Package 5% Beer – includes Sunday (5OP)
- \$75.00 8. 5% By Drink – includes Sunday (5BD)
- \$75.00 9. 5% By Drink Wine (5BDW)
- \$112.50 10. Retail Liquor by Drink Resort Temporary (90-days) (RBDT)
- \$450.00 11. Retail Liquor by Drink Resort (RBDR)
- \$150.00 12. Original Package Liquor (OPL)
- \$300.00 13. Sunday Original Package Liquor (SOP)
- \$300.00 14. Sunday By Drink (SBD)
- \$75.00 15. Sunday By Drink Temporary (SBDT)

New Application **Renewal** **Does the above request alter your current license?** **YES** **NO**

If yes, how? _____

APPLICANT NAME _____
DATE OF BIRTH _____ **S.S.#** _____
HOME ADDRESS _____ **HOME PHONE** _____
CITY _____ **STATE** _____ **ZIP** _____
BUSINESS NAME _____
ADDRESS _____ **BUSINESS PHONE** _____
CITY _____ **STATE** _____ **ZIP** _____
EMAIL ADDRESS _____

BUSINESS IS OWNED BY: **Individual** **Partnership** **Corporation** **LLC**

If a partnership, list names and addresses all partners: _____

If a Corporation or Limited Liability Company, list names and addresses of all officers: _____

If a Corporation, list name of managing officer: _____

HAVE YOU OR YOUR EMPLOYEES BEEN CONVICTED OF ANY LIQUOR LAW VIOLATION?

YES **NO** If yes, please explain: _____

DO YOU AGREE TO ABIDE BY THE LIQUOR LAWS OF THE STATE OF MISSOURI? **YES** **NO**

APPLICANT SIGNATURE _____ **DATE** _____

Please attach a copy of your state liquor license to this application.

Liquor license fee is due January 1st of each year.

FOR OFFICE	New Application _____	Date Approved _____
USE ONLY:	Renewal Application _____	Amount Paid \$ _____ Signature _____