

____ NEW APPLICATION

____ RENEWAL

City of Hawk Point
121 W. Lincoln Drive
P.O. Box 302
Hawk Point, MO 63349
Phone: 636-338-4377
Fax: 636-338-4827

Application for City Liquor License

Date of Application: _____ (All Licenses Expire June 30th)

TYPE OF LICENSE REQUESTED:

_____ \$150.00 Package Liquor – Monday thru Saturday sales

_____ \$150.00 Package Liquor – Sunday sales

_____ \$75.00 Beer by the drink – Monday thru Saturday sales

_____ \$75.00 Beer by the drink – Sunday sales

_____ \$300.00 Liquor by the drink – Monday thru Saturday sales

_____ \$ 175.00 Liquor by the drink – Sunday sales

_____ \$75.00 Liquor or Beer by the drink – Non-for-profit – Monday thru Saturday

_____ \$75.00 Liquor or Beer by the drink – Non-for-profit – Sunday

_____ \$5.00 One-Day Special Event

_____ **Total Due** (Payable to: The City of Hawk Point)

(Applicant) _____, the undersigned, hereby makes an application for a liquor license inside the City of Hawk Point, of Lincoln County, Missouri. such sales to be made on the following described premises only:

Name of Company and d/b/a: _____

***Please Circle One: (Individual) (Partnership) (Corporation)**

***NOTE: If the applicant is a corporation, the application shall state the full name and address of each officer, shareholder and director. If the applicant is a partnership, the application shall state the full name and address of each partner.**

*****Please list on the last page of this application.**

Missouri State Tax Id# _____

Name of Managing Officer: _____

Location Address: _____ **Phone#:** _____

Name of Owner of Business: _____

Address of Owner (If different than applicant): _____

Has the location previously been occupied as a liquor establishment, liquor store or tavern? _____

If so, state name _____

Type of alcoholic beverages being served (i.e. beer, hard liquor, wine, etc.) _____

Dates/Times that alcohol will be served: _____

The applicant has read this application and fully understands, that said license will be subject to all of the ordinances of the City pertaining to the operation of said business and agrees that he will abide by all lawful ordinances, regulations and rules adopted by the City relating to the conduct of said business, that he is in all respect qualified in law to receive such license, and that the answers and statements set out in the above application are true. It is understood and agreed that the license when and if issued shall be subject to revocation for cause by the Board of Aldermen and when and if lawfully revoked the City shall in no event return any part of the license fee paid for such license and such license fee shall be forfeited to the City.

Signature of Applicant _____ Date: _____

Signature of Owner _____ Date: _____