



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Indicate Type of License Applied For:

_____ **Original Package Sales – Liquor / 5% Beer (\$50.00)**

_____ **5% Beer / Liquor by the Drink (\$52.50)**

_____ **3.2% Beer by the Drink (\$37.50)**

_____ **Sunday Sales (\$150.00)**

1. NAME OF ESTABLISHMENT _____

PREVIOUS NAME OF ESTABLISHMENT _____

2. ADDRESS OF ESTABLISHMENT _____

(Street Address)

(City)

(State)

(Zip)

(Phone)

3. Is ownership a corporation or partnership? If so, please list names and address of individuals and their title(s):

| Name | Address | Title |
|------|---------|-------|
| | | |
| | | |
| | | |

4. NAME OF OWNER OR MANAGING OFFICER _____

REFERENCES (3 BUSINESS AND 3 PERSONAL):

Business References:

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

Personal References:

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

Previous Employment, Ownership, or Management of Liquor Establishments.

| Name | Address | Dates |
|------|---------|-------|
| | | |
| | | |
| | | |
| | | |

Applicant hereby agrees that if a license is granted upon this petition, that applicant or any officer, agent, employee, or servant of applicant will not violate any provision of said Ordinance or of any amendments hereafter made to said ordinance, or any law of the State of Missouri or other ordinance of the City of Webb City while in and upon the premises of the applicant herein described or knowingly allow any other person to do so.

www.webbcity.org

Printed Name of Applicant

Signature

Date

OFFICIAL OFFICE USE ONLY

- _____ Application
- _____ County Health Inspection
- _____ Missouri Sales Tax Number
- _____ No Tax Due Letter
- _____ Occupancy Inspection
- _____ Payment - \$50.00 (Initial Merchant Retail - \$25.00 / Occupancy Permit -\$25.00)
- _____ Applicable letter from City Attorney or Mayor
- _____ Retail Merchant License # _____
- _____ State Liquor License
- _____ Payment – Based on type of License Issued
- _____ City Liquor License # _____

TO ALL MERCHANT RETAILERS:

All businesses possessing a sales tax license issued by the Missouri Department of Revenue must present a **Statement of No Tax Due** with the renewal form to receive a City of Webb City Business license, pursuant to a Department of Revenue policy effective in 2009. In most cases, this clearance can be obtained by the business through the department web site. If a Statement of No Tax Due cannot be issued through the online system, the business owner must then contact the Department of Revenue.

Missouri Department of Revenue
Taxation Division
P.O. Box 3666
Jefferson City, MO 65105-3666
Telephone: (573) 751-9268
Fax: (573) 522-1265
Website: <https://dors.mo.gov/tax/notaxdue/taxpayer.jsp>
Email: taxclearance@dor.mo.gov

Therefore, a statement from the Department of Revenue stating that your business owes no tax will be required before a city license can be issued or renewed.

Your annual City License fee is based on the following schedule:

| | |
|---|----------|
| First Business Year | \$25.00 |
| Annual Gross Sales up to 25,000 | \$25.00 |
| Annual Gross Sales up to 26,000 to 50,000 | \$50.00 |
| Annual Gross Sales up to 51,000 to 100,000 | \$75.00 |
| Annual Gross Sales up to 101,000 to 250,000 | \$150.00 |
| Annual Gross Sales up to 251,000 to 500,000 | \$250.00 |
| Annual Gross Sales up to 501,000 to 999,999 | \$300.00 |
| Annual Gross Sales over 1MM @ \$10 per 100K | |

Liquor License Notes

- County Health Inspection
- Missouri Sales Tax Number
- No tax due letter
- Occupancy Inspection (\$25.00)
- Retail Merchant License (\$25.00)
- Package liquor requires a letter from the Mayor.
- Liquor by the drink requires a letter from the City Attorney.

After the issuance of the Merchant Retail License and the applicable letter, the applicant will then go to the State for their Liquor License and then bring the State License license back to the City for the issuance of their City Liquor License.



City of Webb City ♦ PO Box 30 ♦ 112 W. Broadway ♦ Webb City, Missouri 64870

Office of Community Development ♦ 417-673-1154 ♦ Fax – 417-673-2856 ♦
ebraker@webbcity.org

Dear Webb City Business Owner,

Thank you so much for your continued dedication to our community by choosing Webb City as the location for your business. In an effort to improve our business retention program, we are asking for a little more detailed contact information from our business license holders.

By providing us with your most current contact information, we are able to provide many different benefits to our Webb City companies. Other than being able to contact you in the most efficient ways possible, we will now be able to share important information, events and updates about your business on our social media outlets. (All social media outlets will also be linked to our new website that is scheduled to be revealed in late November).

In addition to making sure that all of your basic business license information is correct, we ask that you please provide us with the additional information requested below:

Main contact email address: _____

Company website address: _____

Company Facebook address: _____

Any other social media presence (circle all that apply):

Instagram Snapchat Twitter

Thank you very much for your assistance in this matter. Your company is just another reason why “We Love it Here” in Webb City, Missouri.

Sincerely,

Erin B. Turner
Office of Community Development

Webb City Area Chamber of Commerce

112 W Broadway
P.O. Box 287, Webb City, MO 64870
Telephone: 417-673-1154 Fax: 417-673-2856
John Patterson, President
Gwen Allen, Director of Membership
LeeAnn Crider, Administrative Assistant
www.webbcitychamber.com

2020 Membership Application

Membership effective through the calendar year –December 31, 2020

Date Application Completed _____

Who referred you to the Chamber? _____

Business Name _____

Published Address _____

Mailing Address _____

Contact Person _____ Telephone _____

E-mail _____ Fax _____

Website _____

Business Category _____

Investment Category & # of Employees _____

What do you hope to get out of your Chamber investment? _____

Are you interested in serving as a volunteer on a Chamber committee? Yes No

Main Reason for joining the Chamber:

Networking Advertising & Marketing Web Presence

I am interested in having a ribbon cutting

Employee contacts e-mails for announcements:

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____



*Our mission is to expand, retain and advocate for our economic base,
support our educational programs and promote the quality of life in our community.*

Webb City Area Chamber of Commerce

2020 Membership Investment Schedule

Investments are for a calendar year and may be paid annually, semi-annually or quarterly.

| | |
|---|--------------|
| Individuals * | \$55 |
| Non-Profit & Public Institutions | \$150 |
| Churches | \$150 |
| REALTORS | \$150 |
| Professionals | \$275 |
| Utilities, Health Centers & Financial Institutions | \$550 |
| Retail, Real Estate Agencies, & Manufacturing: | |
| Less than 10 employees | \$150 |
| 11 to 25 employees | \$275 |
| 26 to 50 employees | \$425 |
| More than 50 employees | \$550 |

*Individuals are those not currently affiliated with any business.



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support our educational programs and promote the quality of life in our community.
www.webbcitychamber.com*