



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 _____

PERSONAL INFORMATION

Name of Applicant _____

Phone Number _____ Cell Number _____ Fax _____

Date of Birth _____ Place of Birth _____

Social Security _____ Drivers License _____

Current Residence Address: _____
(Street)

_____ **(City)** **(State)** **(Zip)**

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

If married, List Spouse Name, Date of Birth and Place of Birth:

_____ **(Name)** **(Date of Birth)** **(Place of Birth)**

Addresses for the previous five years:

Street Address	City	State	Dates From - To

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.



211 West Broadway Webb City, Missouri 64870
Phone: (417) 673-1911 ~ **Fax:** (417) 673-5140 ~ **E-Mail:** info@webbcitypd.org
Donald E. Melton ~ Chief of Police

EMERGENCY LISTING

The Webb City Police Department maintains a listing of each business in the city limits for the purpose of contacting someone in the event that an emergency occurs. In order that the information may be current you are requested to fill in the information listed below and return it with your fees for a City Business License.

Exact Business Name: _____

Type of Business: _____

Business Address: _____

Business Phone Number: _____ **Second Number:** _____

Do you have an Alarm? Yes No (If so, please check one of the following)

- _____ Alarm connected to the Police Department
_____ Phone Alarm connected to a monitoring service
_____ Audio Alarm Only
_____ Automatic Dialer to the Police Department

Emergency contact numbers: (In the event that an emergency occurs at your location, list in order the individuals you want to be contacted first.)

1. **Name:** _____
Address: _____
City: _____
Phone: _____
2. **Name:** _____
Address: _____
City: _____
Phone: _____
3. **Name:** _____
Address: _____
City: _____
Phone: _____

If you should have any questions in regard to this information, please feel free to contact our communications officer at (417) 673-1911, Thank you!

The above information provided by: _____

Position Held: _____ **Date:** _____