

## CITY OF INDEPENDENCE, MISSOURI

### APPLICATION PROCEDURES FOR ADDITION OF CORPORATE OFFICER OR LLC MEMBER

1. **APPLICATION** - (form provided) - To be filed **in duplicate** by applicant. **An original signature and notarization is required on each copy.**
2. **ELECTION OF OFFICERS AND STOCK SHARES ISSUED** - Minutes of a corporate meeting or meeting of LLC members electing officers, and giving a breakdown of stock or membership shares held by all persons.
3. **CRIMINAL RECORD CHECK - NEED TWO ORIGINALS** - (form furnished) - The State of Missouri charges a fee for a criminal record check, which is conducted by the Missouri Highway Patrol in Jefferson City. **YOU must apply for and submit an original** State of Missouri Criminal Record History for the **new Corporate Officer**. The Missouri Highway Patrol has notified the City that the processing time for a criminal record check is approximately six weeks if processed by mail.

The Missouri State Highway Patrol now provides the ability to request a criminal background check on their website at [www.machs.mshp.dps.mo.gov](http://www.machs.mshp.dps.mo.gov) . You may contact the State office at the (573) 526-6153 regarding fees for this service.

The **original** criminal record check **must be submitted** to the License Division with the application. **Second original will be used for your State of Missouri Liquor License.**

4. If there has been a change in stock or ownership, which equals 10% or more, due to this change of corporate officer a new application will be required.

If there has been no change in stock or ownership a City Approval Letter is not required.

#### CITY OFFICE

Independence License Division  
111 East Maple  
Independence, Missouri  
Telephone: 816-325-7079

#### STATE OFFICE

MO Division of Liquor Control  
[www.atc.dps.mo.gov](http://www.atc.dps.mo.gov)  
Telephone: 573-751-2333

#### COUNTY OFFICE

Jackson County Collections  
Liquor/Amusement Section  
306 West Kansas  
Independence, Missouri  
Telephone: 816-881-4403

**LICENSE DIVISION - CITY OF INDEPENDENCE**

111 East Maple, Independence, Missouri 64050

(816) 325-7079



Date \_\_\_\_\_

**APPLICATION FOR ADDITION OF CORPORATE OFFICER OR LLC MEMBER**

Name of Independence Business \_\_\_\_\_ Address \_\_\_\_\_

1. New Officer/Member Name \_\_\_\_\_
2. Home Address \_\_\_\_\_  
(Number & Street) (City & State) (Zip)
3. Phone No. \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_
4. Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_
5. Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_
6. Are you a citizen of the United States of America? \_\_\_\_\_
7. Wife or husband's name and address \_\_\_\_\_
8. What position do you hold in the corporation? \_\_\_\_\_
9. Have you ever been convicted of, found guilty of, or pleaded guilty, no contest, or no lo contender to any offense involving a controlled substance, a weapon, illegal gambling, or the illegal sale, possession or use of alcohol, including alcohol-related traffic offenses? \_\_\_\_\_ If yes, give details (charge, date, city, state ) \_\_\_\_\_  
\_\_\_\_\_
10. Give names and business addresses of employers for the last five years. If you were self-employed, state nature of business and location: \_\_\_\_\_  
\_\_\_\_\_
11. Have you even been the holder of a permit to manufacture or sell alcoholic beverages, which was revoked? \_\_\_\_\_  
If so, give complete details \_\_\_\_\_
12. Are you, or any member of your household or immediate family, interested directly in any other license issued by the Supervisor of Liquor Control, which is now in force? \_\_\_\_\_ If so, give details \_\_\_\_\_  
\_\_\_\_\_
13. Have you, or any member of your household or immediate family, ever made application for any type liquor license in the State of Missouri, which was denied? \_\_\_\_\_ If so, give the name of applicant, approximate date of denial, and details regarding same \_\_\_\_\_  
\_\_\_\_\_
14. Have you ever been bankrupt or insolvent? \_\_\_\_\_

15. Will you be the person in active control and management of this business full time? \_\_\_\_\_ Part time? \_\_\_\_\_  
Other? \_\_\_\_\_ If you do not operate the business full time, give complete information on proposed or planned  
management \_\_\_\_\_

16. 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 license the removal of all things and articles which may be in violation of the Ordinances of  
Independence, 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 Independence,  
Missouri; and/or for the suspension or revocation of the license for which this application is made; and do you promise and  
agree not to violate any of the ordinances of Independence, Missouri, the laws of the State of Missouri, or the United States in  
the conduct of this business? \_\_\_\_\_

I (please print) \_\_\_\_\_ being of lawful age and duly sworn upon my oath do swear that  
the answers and information given in this application are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My Commission expires:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**STATE OF MISSOURI**  
**MISSOURI STATE HIGHWAY PATROL**  
1510 East Elm Street  
Jefferson City, MO  
(573) 526-6153

**WEB REQUEST FOR CRIMINAL RECORD BACKGROUND**

The Missouri State Highway Patrol now provides the ability to request a criminal background check on their website at [www.machs.mshp.dps.mo.gov](http://www.machs.mshp.dps.mo.gov) . The current fee for this request is \$10.00 plus an additional payment processing fee. These fees are subject to change, you may contact the State office at the above phone number before application.

Payment for this request is made by credit or debit card and you must have a printer to print the provided criminal background. Requests may still be made by mail on the following form; however you will need to allow at least four to six weeks to receive the results. You may also go to their office at the above address and apply in person.

If you have questions or need additional assistance, you may contact the Criminal Justice Information Services Division by phone at (573) 526-6312 or email at [machs@mshp.dps.mo.gov](mailto:machs@mshp.dps.mo.gov).

**STATE OF MISSOURI**  
**MISSOURI STATE HIGHWAY PATROL**  
1510 East Elm Street  
Jefferson City, MO  
(573) 526-6153

**WRITTEN REQUEST FOR CRIMINAL BACKGROUND CHECK**

Reference No. \_\_\_\_\_  
(office use only)

*Please print or type*

Name (last, first, middle) \_\_\_\_\_

(maiden/alias) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: male  female  Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

*I authorize the release of any criminal history record information to the requestor.*

Signature (optional) \_\_\_\_\_

*It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.*

**PURPOSE**

Licensing  Other (specify) \_\_\_\_\_

**SEND REPLY TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT**

(per sections 43.527 and -530, RSMo.)

Search based on NAME, DATE OF BIRTH, SOCIAL SECURITY NO.

Fee is payable either by check or money order to AState of Missouri, Criminal Record System.@ Please forward the request and fee to:

**Missouri State Highway Patrol**  
**Criminal Records and Identification Division**  
**Post Office Box 9500**  
**Jefferson City, MO 65102**