

CITY OF INDEPENDENCE, MISSOURI

111 E Maple
Independence, MO 64055
(816) 325-7079

APPLICATION PROCEDURES FOR CHANGE OR ADDITION OF PARTNERS

1. **APPLICATION** - (form furnished) - To be filed **in duplicate** by applicant. **An original signature and notarization is required on each copy.**
2. **AGREEMENT** - Notarized copy of partnership agreement and a current listing of all partners.
3. **FEE** - \$50.00 - A bank draft, money order, certified check, or cashier's check payable to the City of Independence is required for payment.
4. **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. When submitting your application, **you must include an original** State of Missouri Criminal Record History on the new partner. The Missouri State Highway Patrol office has notified the City that the processing time for a criminal record check is approximately four to six weeks if processed by mail.

To expedite the criminal record checks, the applicant may obtain them the same day from the Missouri Highway Patrol Office in Jefferson City, Missouri. The **original** criminal record check must be submitted to the License Division with the application. The address for the Missouri Highway Patrol office is 1510 East Elm Street, Jefferson City, Missouri, and their telephone number is 573-526-6153. It is recommended that you contact the Highway Patrol office regarding their requirements for issuance of a criminal record check. A copy of the Missouri State Highway Patrol Request for Criminal Record form is attached. **The second original criminal record will be submitted to the State of Missouri for their application process.**
5. **PHOTOGRAPHS** - One recent passport size photograph of applicant.
6. **COUNTY PERSONAL PROPERTY TAX RECEIPT** - Copy of applicant's County "Personal Property" Tax receipt for the preceding year. If taxes were not due for the preceding year you must provide a tax waiver.
7. **VOTER REGISTRATION** - Applicant must submit a "Certificate of Voter Registration".

The completed application will take approximately six weeks to process. After review by the City staff, the application will be forwarded to the City Council for consideration. Upon approval by the City Council, a City approval letter will be prepared for the applicant and mailed to submit with their application to the State of Missouri Division of Liquor Control for a Change of Partners.

All required documents must be submitted to the License Division at the above address.
Incomplete applications will not be processed

CITY OFFICE

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

STATE OFFICE

Division of Liquor Control
615 East 13th Street
Kansas City, Missouri
Telephone: 816-889-2574

COUNTY OFFICE

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

LICENSE DIVISION - CITY OF INDEPENDENCE, MISSOURI
111 East Maple, Independence, Missouri 64050
(816) 325-7079

Date _____

APPLICATION FOR CHANGE OR ADDITION OF PARTNER

Name of Business _____ Address _____

1. New Partner's 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. Spouse's name and address _____

8. Have you ever been arrested or indicted for the violation of any federal law, law of the State of Missouri, or of any other state? _____ If yes, give details _____

9. Have you ever been convicted of any crime in any Missouri court, any court of any other state, or in any Federal Court? _____ If so, give details _____

10. Have you ever been convicted of a felony? _____ If so, give details _____

11. Give names and business addresses of employers for the last five years. If you were self-employed, state nature of business and location _____

12. Have you even been the holder of a permit to manufacture or sell alcoholic beverages, which was revoked? If so, give complete details _____

13. 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 _____

14. Have you, or any member of your household or immediate family, ever made application for any type of 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 _____

15. Have you ever been bankrupt or insolvent? _____
16. 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 _____

17. 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 permit 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 permit 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 . 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.

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 (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 State 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

Following are just a few of licensed businesses that could assist in completing the required survey.

Byam Engineering
3501 S Sterling Ave #G
Independence, MO 64052
(816) 252-3519

Continental Consulting Engineers, Inc.
9000 State Line Road
Leawood, KS 66206
(913) 642-6642

Missouri Valley Engineering & Surveying, Inc.
517 SE 2nd St. #D
Lee's Summit, MO 64063
(816) 347-0033

Following are businesses that could assist in getting the required criminal history background checks.
They must provide you with the original from the State of Missouri to be included in your application.

C & S Business Services, Inc.....573-635-9295
Fax.....573-635-4145

Harmon Processing.....573-635-6690
Fax.....573-635-2339

Missouri Record Search.....573-635-0142
Fax.....573-635-5739

Missouri Record Service.....573-893-4428
Fax.....573-893-2396

Sturm Research.....573-496-3534

The Security Group, LLC.....573-761-7577
Fax.....573-761-7448

Identix Identification Services.....1-866-522-7067
218 N Pleasant St. Independence, MO

Using this service you will need to allow about 10 days for your records to be mailed directly to you.

None of the above businesses listed are being recommended for use; this is just a listing for your convenience.