

CITY OF INDEPENDENCE, MISSOURI

LIQUOR LICENSE APPLICATION GUIDELINES

Businesses wishing to sell liquor in the City of Independence must obtain City, Jackson County, and State of Missouri liquor licenses. The list on the back of this page identifies the types of licenses and the annual City license fee. A completed liquor license application submitted to the License Division will take approximately eight to ten weeks to process. The License Division handles the administration of the City's Liquor Code and the Police Department provides enforcement of the Liquor Code.

An application for a liquor license can be downloaded or picked up in the lobby on the second floor of City Hall. An instruction sheet is provided that will help in completing the application. Once the forms have been fully completed, you will need to submit them to the License Division at City Hall, 111 East Maple Street, Independence for continued processing and approval.

The application is reviewed by several City Departments. Criminal History Background information on the individuals operating the business is checked through the Police Department. The location of the business is reviewed for compliance with the Liquor Code and other applicable City Codes. The structure or submitted building plans where the business will be located is inspected by the Fire Department and the Community Development Department for compliance with City Codes.

After processing by the City staff, the application and an inspection report is forwarded to the City Council for consideration. Following approval, a City approval letter will be mailed to the applicant, which is needed to apply for the Missouri Liquor License. The City Liquor and Business Licenses will be mailed to the applicant after being printed. Once they are received you will then need to apply for a Jackson County Liquor License. **Prior to opening your business is it required that all liquor licenses be issued for posting.**

All City Liquor Licenses expire on June 30th, and all licenses must be renewed annually. An annual renewal application must be received by the City before May 31st of each year to avoid penalty.

All businesses must have a City Business License. You will make application for the Business License during the application process for the Liquor License. An applicant may open their business for non-liquor related items before the issuance of the Liquor License by simply applying for a general business license with no liquor sales.

LIQUOR LICENSE FEES

Revised 4-12-2010

Package Liquor Licenses:

Unlimited Retailer of Intoxicating Liquor (P1)	\$150.00
Unlimited Sunday Sales Retailer of Intoxicating Liquor (P2)	\$300.00
Limited Retailer of Intoxicating Liquor (P3)	\$150.00
Limited Sunday Sales Retailer of Intoxicating Liquor (P4)	\$300.00
Tasting of Intoxicating Liquor (P5)	\$ 37.50
Unlimited Retailer of Malt Liquor and Light Wine (Q1)	\$ 75.00
Unlimited Sundays Sales Retailer of Malt Liquor and Light Wine (Q2)	\$300.00
Limited Retailer of Malt Liquor and Light Wine (Q3)	\$ 75.00
Limited Sunday Sales Retailer of Malt Liquor and Light Wine (Q4)	\$300.00
Unlimited Retailer of Malt Liquor (Q5)	\$ 75.00
Limited Retailer of Malt Liquor (Q6)	\$ 75.00

Drink Licenses:

Tavern Intoxicating Liquor (T1)	\$450.00
Tavern Malt Liquor & Light Wine (T2)	\$ 75.00
Restaurant/Bar Intoxicating Liquor (R1)	\$450.00
Sunday Restaurant Bar Intoxicating Liquor (R2)	\$300.00
CFRSV Organization Intoxicating Liquor (F1)	\$450.00
Sunday CFRSV Organization Intoxicating Liquor (F2)	\$300.00
Hotel Intoxicating Liquor (H1)	\$450.00
Sunday Hotel Intoxicating Liquor (H2)	\$300.00
Place of Amusement Intoxicating Liquor (A1)	\$450.00
Sunday Place of Amusement Intoxicating Liquor (A2)	\$300.00
Place of Entertainment Intoxicating Liquor (E1)	\$450.00
Sunday Place of Entertainment Intoxicating Liquor (E2)	\$300.00
Common Eating and Drink Area Intoxicating Liquor (J1)	\$450.00
Sunday Common Eating and Drink Area Intoxicating Liquor (J2)	\$300.00
Consumption of Intoxicating Liquor (Z1)	\$ 90.00
Malt Liquor (D1)	\$ 75.00
Restaurant Bar Malt Liquor and Light Wine (G1)	\$ 75.00
Sunday Restaurant Bar Malt Liquor and Light Wine (G2)	\$300.00

Special Licenses:

Microbrewery (S1)	\$7.50 per 100 gallons produced
Domestic Winery (S2)	\$7.50 per 100 gallons produced
Domestic Wine by the Drink (S3)	\$450.00
Picnic 7 Day Intoxicating Liquor by the Drink (S4)	\$ 37.50
Picnic 7 Day Malt Liquor and Light Wine by the Drink (S5)	\$ 25.00
July 4 th Celebration Malt Liquor and Light Wine by the Drink (S6)	\$ 15.00
Caterer Intoxicating Liquor by the Drink – Daily (C1)	\$ 15.00
Caterer Intoxicating Liquor by the Drink – Up to 50 days (C2)	\$750.00
Caterer Intoxicating Liquor by the Drink – Unlimited Days (C3)	\$1000.00
Caterer Malt Liquor and Light Wine by the Drink - Daily (C4)	\$ 15.00

Manufacturing, Distilling, Blending Licenses:

Intoxicating Liquor (M1)	\$675.00
Wine (M2)	\$675.00
Malt Liquor (M3)	\$675.00

Wholesale Licenses:

Intoxicating Liquor (W1)	\$750.00
Wine (W2)	\$300.00
Malt Liquor (W3)	\$150.00

CITY OF INDEPENDENCE, MISSOURI
Finance Department - License Division
111 East Maples, Independence, Missouri 64050
816-325-7079 - Telephone

LIQUOR LICENSE APPLICATION PROCEDURES

AFFIDAVITS TO BE PREPARED BY SELLER

1. **BILL OF SALE** - A signed and notarized copy must be furnished which reflects the full purchase price, as well as complete description of all goods, fixtures, furniture, equipment, food-liquor inventory, etc., received in the sales transaction. If a "Contract of Sale" is executed in conjunction with the "Bill of Sale", a signed and notarized copy of it must be furnished.
2. **INTENT TO SELL** - (form furnished) - Said form, signed by seller, notifies the Liquor License Office of a contemplated change of ownership of the liquor business and the **seller acknowledges the responsibility of remaining in control of the licensed premises until applicant's license is issued.**
3. **CREDITOR'S AFFIDAVIT** - (form furnished) - Seller's signed and notarized affidavit that seller has no outstanding liquor bills or has notified all wholesalers to whom money is due of seller's intention to sell the business.

If this application is for a change of ownership, the above items must be provided.

AFFIDAVITS TO BE PREPARED BY APPLICANT

1. **APPLICATION AFFIDAVIT** - (form furnished) - To be filed **in duplicate**. Answer all questions and all parts of all questions in full. **Original signature and notarization are required on each copy.** Answer N/A if applicable.
2. **PERSONAL INFORMATION** - (form furnished) - To be filed **in duplicate** by the sole individual owner, all partners, or in the case of a corporation, by the Managing Officer, all principal corporate officers, all directors, and all corporate stockholders holding 10% or more of the capital stock, in the case of a limited liability company, by the Managing Officer and all LLC members. **Original signature and notarization are required on each form.** Must have TWO copies per person submitted.
3. **COPY OF LEASE AGREEMENT** - The lease agreement must be executed to the sole owner, all partners if business ownership is a partnership, to the LLC if ownership is an LLC, or to the corporation if the business ownership is a corporation. The lease agreement must reflect the lease term, monthly rental, options to renew, if any, and special conditions, etc. Any assignment of a lease must bear written approval of the lessor. Lease or separate document must indicate name and address of property owner.

If the property is being purchased, or is owned by the applicant, a copy of the warranty deed or deed of trust, in the name of the sole owner, all partners if business ownership is a partnership, in the name of the LLC if business ownership is an LLC, or in the name of the corporation if business ownership is a corporation.

If an individual is purchasing the property, a lease agreement must be executed from the individual to all partners of the partnership if the business ownership is a partnership, to the LLC if the business ownership is an LLC, or to the corporation if the business ownership is a corporation.

4. **MANAGING OFFICER** - (form furnished) - If business ownership is a corporation, a resolution of the corporation designating the Managing Officer must be provided. If business ownership is an LLC, a notarized affidavit from a managing member designating the Managing Officer must be provided. The Managing Officer Appointment form may be used in lieu of the corporate resolution or LLC affidavit. (Disregard if sole ownership or partnership.)

5. **ELECTION OF OFFICERS AND STOCK OR OWNERSHIP SHARES ISSUED** - If ownership is a corporation, minutes of a corporate meeting electing officers and giving a breakdown of stock shares held by all persons to **equal 100%**. If ownership is an LLC, a copy of the articles of organization giving a breakdown of members and ownership shares **equaling 100%**. If ownership is a partnership, a notarized statement giving a breakdown of the shares/percentage owned by each individual is required. Must have information indicating the total ownership showing the breakdown of percentage owned. Must also have a Certificate of Good Standing from the Missouri Secretary of State.
6. **PHOTOGRAPH** - A recent passport size photograph of the sole owner, all partners if business ownership is a partnership, or the Managing Officer if business ownership is a corporation or a LLC.
7. **PHOTOGRAPH** - A recent photograph of the exterior of the premises for which the license is sought.
8. **COUNTY PERSONAL PROPERTY TAX RECEIPT** - Each applicant must submit a copy of his/her County Personal Property Tax receipt or a "No Tax Due" statement for the year immediately preceding the date of application. If business ownership is a partnership, all partners must submit a copy of their County Personal Property Tax receipt. If business ownership is a corporation or a LLC, only the Managing Officer must submit a copy of his/her County Personal Property Tax receipt. Do NOT submit the real estate tax receipt.
9. **VOTER REGISTRATION** - Each applicant must submit a "Certificate of Voter Registration". If business ownership is a partnership, each partner must submit a "Certificate of Voter Registration". If business ownership is a corporation or a LLC, only the Managing Officer must submit a "Certificate of Voter Registration". This office will **not** accept a copy of the application for registration.
10. **AFFIDAVIT** - (form furnished) - Package liquor license applications must be accompanied by an affidavit stating the value of stock other than liquor or fixtures.
11. **DIAGRAM OF PREMISES** - **Five sets** of drawings of the floor plan for the proposed business with specifications of the fixtures contained therein. **All drawings and plot plans shall be no larger than 8-1/2" by 14"**. (Disregard if existing business changing ownership and applying for the same type of liquor license.)
12. **CERTIFIED SURVEY** - (see sample survey provided) Five copies of a survey of the subject property **must be provided from a registered engineer or land surveyor**, which shows the dimensions and location of the proposed licensed structure. The distances from the proposed structure to the property lines, curb cuts and number of parking spaces available must also be shown. The survey shall also show all surrounding separate property lines within 300 feet (or 1,000 feet see below), the location of any and all residential or commercial structures and indicating their use. The survey must also indicate any schools, churches, hospitals, public parks, playgrounds, libraries or museums. If the use is health or medical related the use must clearly indicate the type of service provided on the survey. (Disregard if existing business changing ownership and applying for the same type of liquor license.)

Businesses that choose to display or sell any type of books, photographs, magazines, films, videos or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing or relating to specified sexual activities must provide a survey with all the above requirements, however, within a distance of 1,000 feet of the proposed structure.

Zoning of all properties/lots within the measured 300 or 1,000 feet must also be shown on this survey. You may contact Zoning for this information at (816)325-7823 or (816) 325-7421.

If there is residentially zoned property or a hospital, school, church, or other building regularly used as a place of religious worship within 100-300 feet of the proposed premises, no license shall be issued unless approval is granted by a two-thirds majority of the City Council. However, in the event a school, church or other building regularly used, as a place of worship is within 100 feet a license will not be issued or allowed. All other licenses shall be issued upon approval by majority of the City Council. **Survey shall not be larger than 8-1/2" by 14"**.

13. **PROPERTY OWNER/TENANT LIST** – A notification of this application will be mailed to the surrounding owners and tenants as listed from the 300 or 1,000 foot survey. **After processing the application, it will be required that this notification is mailed to these owners and tenants a minimum of 21 days prior to the liquor license application being placed on the agenda for review by the City Council.** (Disregard if existing business changing ownership and applying for the same type of liquor license)

All properties must be identified on the survey through an alpha system with letters coinciding with the property owner/rental property on the list. **NOTE:** Property ownership may be obtained from the Jackson County Division of Assessment. The list of property owners and addresses of all rental properties (commercial and residential) must be a part of the survey referred to in Item 12.

A list of **all property owners and rental property addresses must be provided in an Excel file.** The following required information must be set up in separate cells to download and merge into the notification letter. Names of the tenants are not required as the letter will be addressed “Occupant”.

The **property owner** information must be as follows:

Owner’s Name
Owner’s Mailing Address, Suite/Apartment Number
City
State
Zip Code
Leased Property Address

The **tenant** information must be as follows:

Leased Property Address
Suite/Unit Number
Zip Code

14. **ALCOHOLIC BEVERAGE CODE CERTIFICATION FORM** – (form furnished)

15. **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 individual owner, for each individual partner, OR if a corporation the Managing Officer, principle corporate officers and directors, or if a LLC, the Managing Officer and all LLC members.** **ANYONE completing a Personal Information form must also provide** the criminal record check for the liquor license application (refer to item #2). 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.

To expedite the criminal record check, the applicant may obtain them the same day by driving to 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, the telephone number is 573-526-6153.

Second original will be used for your State of Missouri Liquor License Application.

16. **FEE** – All fees are due at the time of application and must be paid in full at the time of application. A bank draft, money order, certified check, or cashier's check payable to the City of Independence is required. **Business or personal checks are not accepted.** This fee **is not refundable** upon denial or withdrawal of application.

17. **BUSINESS LICENSE** – (form furnished) Applicant must obtain a Business License.

Each applicant for Liquor by the Drink (Restaurant/Bar) License or Sunday Sales License must provide written verification that they meet the following requirement upon the completion of the first ninety days of operation:

A statement shall be submitted ninety days after the date of issuance of a license that verifies that at least fifty percent of the gross income of the restaurant during the preceding ninety day period came from the sale of prepared food or meals consumed on the premises, or the projection of annual sales of prepared food or meals consumed on the premises shall total not less than \$200,000. If such statement does not reflect the above, the license may, in the discretion of the Council, be allowed to remain in effect for a maximum of two months to allow the restaurant the opportunity to raise its gross income from the sale of prepared food or meals consumed on the premises to at least fifty percent, or \$200,000 annually. The verification must be provided by a certified public accountant, a public accountant, auditor, comptroller, or bookkeeper, given under oath and notarized.

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

The City of Independence Liquor and Business Licenses will be mailed.

ALL APPLICATION FORMS MUST BE COMPLETE AT TIME OF SUBMISSION. YOU MUST ANSWER ALL QUESTIONS FULLY WITH ATTACHMENTS.

INCOMPLETE OR PARTIAL APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED BY MAIL

OTHER LICENSES REQUIRED

City of Independence Health Permits - 515 S. Liberty, Independence, MO 64050 Telephone: 816-325-7803

Missouri Liquor License - Applications may be picked up at the Missouri Division of Liquor Control, 615 East 13th Street, Kansas City, MO - Telephone: 816-889-2574.

Jackson County Liquor License - Division of Collections, Liquor/Amusement Section, Jackson County Courthouse, 308 West Kansas, Independence, MO 64050 - Telephone: 816-881-4403.

CITY OF INDEPENDENCE, MISSOURI
Finance Department - License Division
111 East Maple
Independence, Missouri 64050
816-325-7079

INTENT TO SELL

Date _____

I (we), _____
(Name of Owner, Partners, or Managing Officer)

DBA _____

hereby notify the Liquor License Officer of Independence, Missouri, of my (our) intention to sell or change ownership in the aforementioned business under the provisions of Chapter 2 of the City Code of Independence, Missouri . I (we) also acknowledge that I (we) am (are) responsible for the licensed premises and will remain in active control and management until the sale is approved by the City of Independence, Missouri, and a new license is issued.

Signature _____

Signature _____

Signature _____

Signature _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission expires

CITY OF INDEPENDENCE, MISSOURI
Finance Department - License Division
111 East Maple
Independence, Missouri 64050
816-325-7079

CREDITOR'S AFFIDAVIT

Date _____

I (we), _____

seller of the business known as _____

do hereby affirm that I (we) have no outstanding liquor bills to any wholesaler, or I (we) have notified all wholesalers to whom I (we) owe money of my (our) intent to sell the business.

Signature _____

Signature _____

Signature _____

Signature _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission expires

CITY OF INDEPENDENCE, MISSOURI
Finance Department - License Division
111 East Maple, Independence, Missouri 64050
816-325-7079

AFFIDAVIT

Application is hereby being made for a license to
sell _____ manufacture _____ alcoholic
beverages at:

RETAIL _____ **WHOLESALE** _____

_____ Intox. Liquor by Drink
_____ Malt Liquor/Wine by Drink
_____ Malt Liquor by Drink
_____ Intox. Liquor by Package
_____ Malt Liquor/Wine by Package
_____ Malt Liquor by Package
_____ Sunday Sales
_____ Domestic Winery

As Sole Owner _____ Partnership _____ Corporation _____ LLC _____

Business Name _____ Address _____ Phone _____

1. What type of business is the license for? _____
2. Give dimensions of the building and include any other areas in which alcoholic beverages may be stored _____

3. Is the proposed location within three hundred feet (300') of any church, school, or hospital building? _____
4. From whom was the business purchased? _____
5. Date of purchase _____ Purchase price _____
6. Amount of down payment _____ Balance due _____
7. Balance due upon approval or chattel _____
8. Effective date of possession _____
9. Name and address of mortgage holder _____
Terms of repayment _____
10. Did you assume any debts not listed above in connection with the operation of said business? _____
If so, give full details _____

11. Do you rent or lease the premises for which this business is to be used? _____ If so, give terms
of rent or lease, and name and address of owner of property _____

12. What interest, if any, does your landlord have, directly or indirectly, in the business in which you intend to engage
if the license is granted? _____

13. Does your landlord now hold, or has he or she every held, a license of any kind issued by the Supervisor of Liquor Control of this State or any other State? _____ If so, give details _____
-
14. Does the former owner of the business have any interest, either directly or indirectly, in the business for which you seek a license? _____ If so, give details _____
-
15. State names and addresses or any person, firm, LLC, or corporation that has advanced, or will advance, any money to you to purchase or operate the business for which you seek a license _____
-
16. If a RETAILER, does any distiller, wholesaler, winemaker, brewer, or supplier of coin or token-operated commercial, manual, electric, or mechanical amusement device or any employee, officer, or agent thereof have any financial interest in the business or will you either, directly or indirectly, borrow or accept from any such person or persons equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold? _____ If so, state details _____
-
17. If a WHOLESALER, does any retailer or supplier of equipment or coin or token-operated commercial, manual, electric or mechanical amusement device, or any employee, officer or agent thereof have any financial interest in the business, or will you either directly or indirectly borrow or accept from any such persons equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold? _____ If so, state details _____
-
18. Is there now employed, or do you expect to employ, in the business sought to be licensed hereunder, any person who has been convicted of, found guilty of, or pleaded guilty, no contest, or no lo contendere 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 so, state details _____
-
19. Will you at all times permit the entry of any officer or investigator with legal 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 of such articles as evidence 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 the business for which license is sought? _____
-

IF BUSINESS IS OWNED BY INDIVIDUAL, COMPLETE THE FOLLOWING:

20. Name, home address, and telephone number of owner:

IF BUSINESS IS OWNED BY PARTNERSHIP, COMPLETE THE FOLLOWING:

21. Name, home addresses, and telephone numbers of all partners, and percentage of ownership of business:

IF BUSINESS IS OWNED BY CORPORATION OR LIMITED LIABILITY COMPANY, COMPLETE THE FOLLOWING:

22. Name, address, and telephone number of corporation or LLC: _____

23. State in which incorporated or organized _____ Date of incorporation or organization _____

24. Amount of paid-in capital _____ Authorized capital _____

25. Names and addresses of president, vice-president, treasurer and secretary of corporation. If LLC, names and addresses of main members _____

26. Name and address of Managing Officer _____

27. If corporation, names and addresses of all stockholders who hold 10% or more of the capital stock _____

28. Is the corporation, any stockholder, or managing officer thereof, any member of his or her household or immediate family, the LLC, any member, or managing officer thereof, any member of his or her household or immediate family, interested, directly or indirectly, in any other license issued by the Supervisor of Liquor Control of this State or any other State which is now in force? _____ If so, give details _____

29. Has the corporation, any stockholder, or managing officer thereof, any member of his or her family, the LLC, any member, manager, or managing officer thereof, any member of his or her family, at any time in the past, held a license from the Supervisor of Liquor Control of this State or any other State? _____ If so, give name of such licensee and location of premises _____

30. Has any stockholder of the corporation, member or manager of the LLC, or the managing officer ever been employed by any person, partnership, LLC, or corporation that had a license revoked or suspended by the Supervisor of Liquor Control? _____ If so, give details _____

31. State the name and residence of each person, firm, LLC, or corporation, if any, other than the corporation and its stockholders, or the LLC and its members, interested, or to become interested, directly or indirectly, other than herein above set out, in the business for which a license is sought and the nature of such interest _____

32. Is this application being made by the corporation or the LLC to permit any person other than yourself to obtain a license from the Missouri Supervisor of Liquor Control, in your name, for his or her benefit? _____

I, or we, (please print) _____

(owner, all partners, or Managing Officer must sign below)

being of lawful age and duly sworn upon my/our oath do swear that the answers and information given in this application are true and complete to the best of my/our knowledge and belief.

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20_____

Notary Public

My Commission expires:

LICENSE DIVISION - CITY OF INDEPENDENCE, MISSOURI

111 East Maple, Independence, Missouri 64050

(816) 325-7079

PERSONAL INFORMATION

To be completed in duplicate by the individual owner, all members of a partnership, if a corporation or LLC the Managing Officer and principle corporate officers/members, directors and stockholders holding over 10% of the stock of the corporation.

Business Name _____

Address _____

Telephone _____

1. Name _____
2. Home Address _____
3. Home Phone No. _____ Date of Birth _____ State of Birth _____
4. Social Security No. _____ Driver's License No. _____
5. Sex _____ Age _____ Height _____ Weight _____
6. Are you a citizen of the United States of America? _____
7. Wife or husband's name and address _____
8. Have you ever been convicted of, found guilty of, or pleaded guilty, no contest, or no lo contendere 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 _____

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

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

11. Are you, or any member of your household or immediate family, interested, directly or indirectly, in any other license issued by the Supervisor of Liquor Control of this State or any other State which is now in force? _____
If so, give details _____

12. 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, the approximate date of denial, and details regarding same _____
13. Have you ever been bankrupt or insolvent? _____

14. Will you at all times permit the entry of any officer or investigator with 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 City Code 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 liquor control regulations 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 the business for which this permit is sought? _____

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.

Applicant's Signature

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20____

Notary Public

My Commission expires: _____

CITY OF INDEPENDENCE, MISSOURI
Finance Department - License Division
111 East Maple
Independence, Missouri 64050
816-325-7079

MANAGING OFFICER APPOINTMENT

Date _____

_____ has appointed
(Name of Corporation or LLC)

_____ as Managing Officer for the
(Name of Managing Officer)

Corporation or LLC. _____ is an officer or an employee
(Name of Managing Officer)

invested with the general control and superintendence of the business and corporation or LLC.

Indicate the actual involvement as Managing Officer: _____

The business operates under the name of _____

and is located at _____

Signature of Corporate Officer or LLC Member

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public

My Commission expires:

PLEASE NOTE: In the event the office of the Managing Officer becomes vacant, it is required that the corporation or LLC secure a new Managing Officer within ten days after said vacancy occurs, and that the City of Independence License Division be notified.

CITY OF INDEPENDENCE
Finance Department - License Division
111 East Maple
Independence, Missouri 64050
Telephone 816-325-7079

Business Name _____

Business Address _____

AFFIDAVIT

I _____, under oath, do hereby state that

I am engaged in _____
(Type of business, other than liquor sales)

and that I intend to operate a package liquor business at said address of said store, selling and offering for retail to the public package liquor under the application herein made to the City of Independence, Missouri, and that I will, at all times, keep in said location at said store a stock of goods having a value according to my original invoices of at least one thousand dollars (\$1,000.00), exclusive of the inventory value of the fixtures and of the intoxicating liquor, which I shall offer for sale on said premises.

Applicant

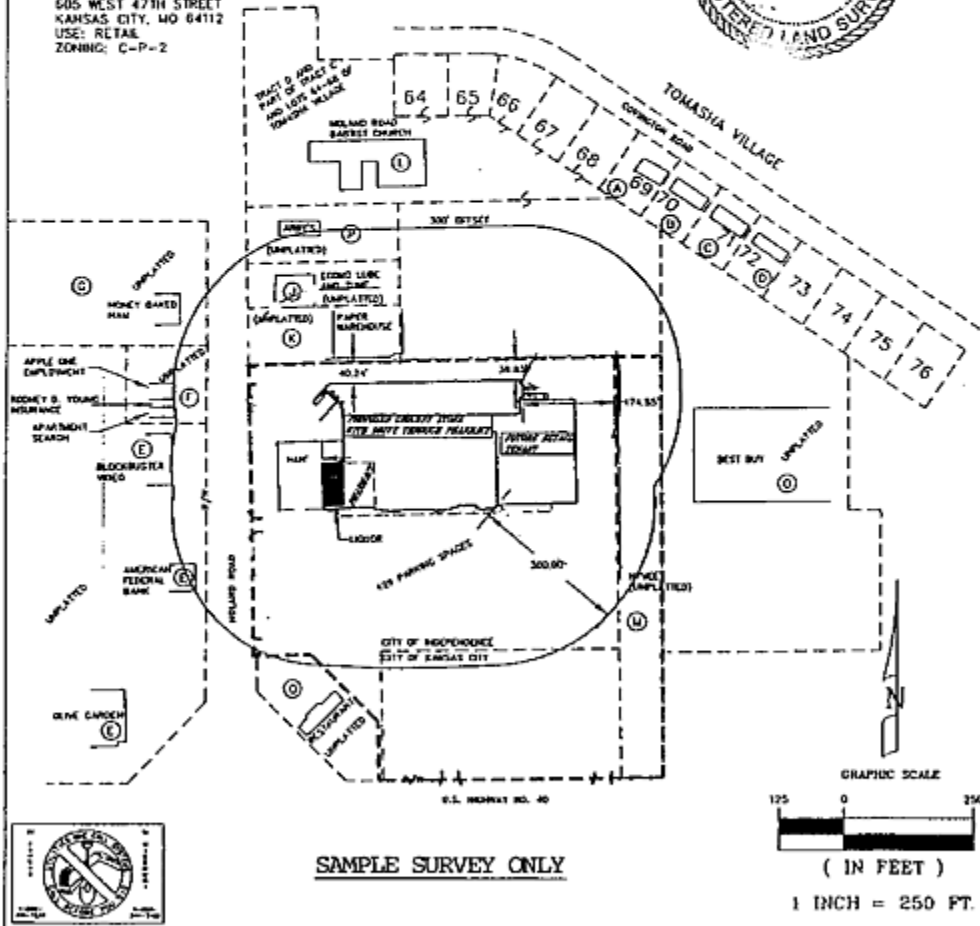
Subscribed and sworn to before me, a Notary Public, this ____ day of _____, 20____.

Notary Public

My Commission expires:

PROPERTY OWNERSHIPS

- | | | |
|--|--|---|
| <p>(A) HAL R. AND MARY FERN JOHNSON
14209 COVINGTON ROAD
INDEPENDENCE, MO 64055
USE: RESIDENCE
ZONING: R1b</p> | <p>(G) NOLAND S. DEVELOPMENT COMPANY
911 MAIN COMMERCE TWR STREET 720
KANSAS CITY, MO 64105-2009
USE: RETAIL
ZONING: C-P-2</p> | <p>(O) LEONARD S. BERMAN
P.O. BOX 9312
MINNEAPOLIS, MN 55440
USE: RETAIL
ZONING: C-2</p> |
| <p>(B) GEORGE J. AND JODY A. VANWEY
14215 COVINGTON ROAD
INDEPENDENCE, MO 64055
USE: RESIDENCE
ZONING: R1b</p> | <p>(J) REALTY INCOME CORPORATION
220 WEST CREST
ESCONDIDO, CA 92025-1725
USE: AUTO SHOP
ZONING: C-2</p> | <p>(P) US BEEF ESTATE LLC
P.O. BOX 22845
OKLAHOMA CITY, OK 73125-1845
USE: RESTAURANT
ZONING: C-2</p> |
| <p>(C) PAUL W. AND W.F. SCHNAKENBERG
14301 COVINGTON ROAD
INDEPENDENCE, MO 64055
USE: RESIDENCE
ZONING: R1b</p> | <p>(K) RANDOL MILL-ARLINGTON-TEX PARTNERSHIP
605 W. 47TH ST, SUITE 100
KANSAS CITY, MO 64112
USE: RETAIL
ZONING: C-2</p> | <p>(Q) W&K
605 WEST 47TH STREET
KANSAS CITY, MO 64112
USE: RESTAURANT
ZONING: C-2</p> |
| <p>(D) CASEY L. AND ROBERT C. CORDELL
14305 COVINGTON ROAD
INDEPENDENCE, MO 64055
USE: RESIDENCE
ZONING: R1b</p> | <p>(L) NOLAND ROAD BAPTIST CHURCH
4505 SOUTH NOLAND ROAD
INDEPENDENCE, MO 64055
USE: CHURCH
ZONING: C-2, R-2, R1b</p> | |
| <p>(E) NOLAND FASHION SQUARE PARTNERS
605 WEST 47TH STREET
KANSAS CITY, MO 64112
USE: RETAIL
ZONING: C-P-2</p> | <p>(M) HY-VEE INC.
5820 WESTOWN PARKWAY
DES MOINES, IA 50266
USE: VACANT
ZONING: C-2</p> | |
| <p>(F) GLO-RAE INVESTMENT COMPANY
605 WEST 47TH STREET
KANSAS CITY, MO 64112
USE: RETAIL
ZONING: C-P-2</p> | | |



MUST ALSO

PROVIDE A LIST OF
ALL RENTAL
PROPERTIES

COMMERCIAL AND
RESIDENTIAL

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

Kaw Valley Engineering, Inc.
14700 W. 114th St.
Lenexa, KS 66215
913-894-5150

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

Corporate Filing Service.....573-635-3252
Fax.....573-635-5076

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

IBT.....217-793-2080
218 N Pleasant St. Independence, MO

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

City of Independence, Missouri
Finance Department
License Division

Alcoholic Beverage Code Certification Form

Section 2.05.003.C.4 of the Code prohibits a liquor license holder from displaying or selling any books, photographs, magazines, films, videos, or other periodicals which are distinguished or characterized by their principal emphasis on matters depicting, or describing or relating to specified sexual activity if the licensed premises is located within one thousand (1,000) feet as measured from the nearest property line of a school, church, hospital, public park playground, library, or museum.

Section 5.17.002 of the City's Code defines specified sexual activities to include sexual conduct, being acts of normal or perverted acts of human masturbation; deviate sexual intercourse; sexual intercourse; or physical contact with a person's clothed or unclothed genitals, pubic area, buttocks, or the breast of a female in an act of apparent sexual stimulation or gratification or any sadomasochistic abuse or acts including animals or any latent objects in an act of apparent sexual stimulation or gratification, as such terms are defined in the pornography and related offenses chapter of the Missouri Criminal Code.

CHECK ONE OF THE FOLLOWING

_____ This establishment does **not** display or sell books, photographs, magazines, films, videos or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing or relating to specified sexual activities.

_____ This establishment **does** display or sell books, photographs, magazines, films, videos or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing or relating to specified sexual activities.

Establishments that display explicit sexual material must provide the License Division a current certified survey. The survey needs to show the property lines of any schools, churches, hospitals, public parks, playgrounds, libraries or museums if located within one thousand (1,000) feet of the establishment. The certified survey must be received in the License Division within sixty (60) days of the date of this letter.

Business Name _____

Address _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

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 RECORD BACKGROUND

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 APPLICANT BELOW:

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

City of Independence, Missouri
Finance Department - Licensing Division
Business License Application Information

Any individual or company operating a business or providing a service in the City of Independence is required to have a City Business License.

The initial business license fee is based on the amount of projected gross receipts for a full twelve-month period. Gross receipts are defined as twelve times the gross monthly average of receipts, revenues, business or fees earned by a business or person, consistent with the reporting and accounting basis adopted for Federal taxation purposes. If the projected gross receipts are \$25,000 or less per year, the license fee is \$25.00. If your projected gross receipts are more than \$25,000, the fee is \$25.00 plus \$0.29 for each \$1,000 or part thereof more than \$25,000. Businesses based in Independence shall report on their total gross receipts, whether those receipts are generated inside or outside of Independence. Businesses without an office or location in Independence should project gross receipts in Independence only and pay the business license fee based on that amount.

There are some businesses whose fees are based on a different fee schedule. For instance, fees for private watchguard agencies are based on the number of employees. Business license fees for pawnshops are a flat fee of \$500.00 plus an investigation fee of \$500.00. Insurance companies have a limit as to the maximum fee they are required to pay, based on the type of insurance sold by the company. Insurance agents and real estate agents will pay fees based on the amount of their commissions only. (See application form for list of businesses that pay the flat license fee.) Residential builders shall pay fees based on the sale price of the homes they build.

As a convenience, you may make application on the internet with payment by a credit card. To use this service, go to the web site at www.indepmo.org/businesslicense. You may also make application on computer terminals located on the second floor of City Hall located at 111 E. Maple Ave. These terminals are available between 8:00 a.m. and 4:30 p.m. only. To access the City's Business License Code (Chapter 5) on the internet at www.ci.independence.mo.us, click on the Online Services icon and then click on the City Code link.

If your proposed business is to be located inside the City limits of Independence, we recommend that you begin by contacting the Zoning Division to assure that the location you have selected is zoned for your intended business use. You may contact the Zoning Division at 816-325-7422 for zoning verification. If you have additional questions regarding specific zoning regulations or rezoning requests, you may call 816-325-7421 or 816-325-7823.

It is also suggested that you contact the Building Inspection Division to determine whether the building in which you intend to locate your business is approved for your proposed use. In addition, if you will be locating your business in an existing building and are proposing to make structural changes to the building or erecting or replacing a sign, the Building Inspection Division should be contacted regarding required permits. Their telephone number is 816-325-7401.

If your business prepares or serves food, drinks or sells packaged foods, you will need to contact the Health Department at 816-325-7803, for a Health Permit. You will also need to contact the Health Department if you are opening a hotel, motel, providing day care for over 5 children, swimming pool, tattoo or massage parlor, or any other business that might involve the health of Independence residents.

You may also contact the Health Department at 816-325-7185 regarding the Clean Indoor Air Act of 2006. Smoking is now prohibited within enclosed areas of public places and places of employment. "No Smoking" signs or the international "No Smoking" symbol shall be clearly and conspicuously posted at every entrance. Please contact the Health Department for exemptions for hotel or motel rooms, nursing homes and long-term care facilities.

Businesses that have retail sales are required to have a Missouri Retail Sales Tax License issued by the State of Missouri Department of Revenue. The Missouri Department of Revenue has an office in the Missouri Office Building at 615 East 13th Street, Kansas City, Missouri. Their telephone number is 816-889-2944. If your business is required to have a Retail Sales Tax License, you must have this number issued to you by the State of Missouri before making application for your Independence business license and a “No Tax Due” statement.

Business licenses will expire twelve months from the time of application. Renewal applications are mailed prior to the month of expiration and must be renewed by the last day of the expiration month. Renewals can be paid by mail, in person, or on the Internet. The City’s web site address is www.indepmo.org/businesslicense. To log in, enter the account number from your renewal form that is highlighted in yellow. Upon entering the requested information and a credit card number, the system will provide a payment confirmation screen which you will need to print out. Late renewal penalties are ten percent (10%) of the license fee for the first month past due, plus two percent (2%) for each additional month past due.

Upon receiving the first year renewal application, a comparison is made of the estimated gross receipts you provided at the time of application and actual gross receipts upon renewal. If it is found that the gross receipts were underestimated on the initial application, you will be billed for the difference in the fee between the estimated gross receipts and the actual gross receipts figure. If you find that you have overestimated the first year gross receipts, you may submit a written request for a refund of the fee between the overestimated figure and the actual figure.

If you have additional questions or need assistance completing the application form or calculating the fee, please call the License Division at 816-325-7079. Office hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

BUSINESS LICENSE APPLICATION

City of Independence, Missouri

Finance Department - Licensing Division

P O Box 1019, Independence, MO 64051 (Mailing Address)

111 East Maple, Independence, MO 64050 (Street Address)

Web Site Address: www.indepmo.org/businesslicense

Telephone: 816-325-7079 Fax: 816-325-7075

Name of Business Owner/Corporation _____

Street Address _____ Suite Number _____

City & State _____ Zip _____ - _____

Phone () _____ Ext. _____ Cell Phone No. () _____

Fax No. () _____ Internet Address _____

Business Name _____

Business Address _____ Suite Number _____

City & State _____ Zip _____ - _____

Phone () _____ Ext. _____ Cell Phone No. () _____

Fax No. () _____ Internet Address _____

Should renewals be mailed to? (Check One) Owner Address _____ Business Address _____

Business Ownership (Check One): (1) Individual _____ (2) Partnership _____ (3) Corporation _____ (4) LP _____ (5) LLC _____

Describe type of business: _____

Number of Employees _____ MO Sales Tax No. _____ Taxpayer I.D. or SSN _____

Date business began operating in Independence, or is expected to begin: _____

Projected Gross Receipts for Next Twelve Months \$ _____ *

***Businesses without an office in Independence should project gross receipts for Independence only. Residential builders shall project gross receipts based on sale price of homes. Fees for insurance sales agents shall be based on projected annual commissions**

FEE CALCULATION

The minimum business license fee is \$25.00. The maximum license fee is \$30,000.00. The license fee is calculated as follows: \$25.00 for projected gross receipts of \$1.00 to \$25,000, plus \$0.29 per each \$1,000 in projected annual gross receipts exceeding \$25,000.

The following businesses pay a flat annual business license fee as follows:

Private watchguard agencies (five or less employees):	\$100.00
Private watchguard agencies (six or more employees):	\$200.00
Insurance companies - all types of insurance (not title) including fire - maximum fee:	\$200.00
Insurance companies - all types of insurance (not title) except fire - maximum fee:	\$100.00
Pawnshops - \$500 license fee plus an investigation fee of \$500:	\$1,000.00
Pawnshops - additional location:	\$2
	50.00

Business License Fee (Calculated as set out above-based on gross receipts)	\$ _____
Taxicabs _____ @ \$25.00 per vehicle	\$ _____
Amusement Device _____ @ \$15.00 per machine	\$ _____
Billiard Table _____ @ \$20.00 per table	\$ _____
Coin Operated Pool Table _____ @ \$10.00 per table	\$ _____
Game Board _____ @ \$50.00 per board	\$ _____
Cigarette Machine _____ @ \$15.00 per machine	\$ _____
Juke Box _____ @ \$50.00 per machine	\$ _____
Dance \$60.00 per year or \$10.00 per month	\$ _____

TOTAL FEES DUE WITH APPLICATION \$ _____

04-2-121

PLEASE COMPLETE BACK OF APPLICATION

In establishing your new business (location) you may be required to obtain other licenses or permits from the City. This section is designed to help determine if this is necessary.

1. Are you opening your business in a building or unit which has previously been the site of a business?
2. Will you be doing any remodeling or replacing a sign?
3. Will you be changing the use of this building or unit from, for example, a small business to a mercantile (retail) operation, or from a mercantile to an institutional or educational use?
4. Are you opening your business in a building or unit which is new and has not been previously used as a business?
5. Will you be doing any tenant finish work other than painting?

If you have answered Yes or Don't Know to any of the above questions, please contact Building Inspection at the following address and telephone number: Community Development, Building Inspection Division, 111 East Maple, Independence, MO 64050, telephone 816-325-7401.

INDIVIDUAL OWNER INFORMATION

<u>Owner Name</u>	<u>Home Address</u>	<u>City, State, Zip</u>
_____	_____	_____
Date of Birth: _____	Social Security No. _____	Phone _____

PARTNERSHIP INFORMATION

<u>Names of Partners</u>	<u>Home Address</u>	<u>City, State, Zip</u>
_____	_____	_____
Date of Birth: _____	Social Security No. _____	Phone: _____
_____	_____	_____
Date of Birth: _____	Social Security No. _____	Phone: _____

CORPORATE/LLC INFORMATION

INDIVIDUAL INFORMATION FOR PRESIDENT/MEMBER OR MANAGER

<u>Name</u>	<u>Home Address</u>	<u>City, State, Zip</u>
_____	_____	_____
Date of Birth: _____	Social Security No. _____	Phone: _____
Name, address, and telephone number of corporation or LLC office _____		

Date of Incorporation or Organization _____	State of Incorporation or Organization _____	

This corporation must be registered and in good standing with the Missouri Secretary of State's office in order to process. If the corporation is not in good standing please contact their office at (816) 889-2925 before sending in this application.

AFFIDAVIT

The information given on this application is true and complete, to the best of my knowledge and belief. I understand that an Occupation License can only be granted subject to the restrictions upon its use. I hereby agree that I will observe those restrictions as specifically enumerated in Chapter 5 of the City Code of the City of Independence, Missouri. I further agree to submit, prior to any change in location of my business, an application for a license transfer to the City License Officer.

Signature of Applicant

Date