

CITY OF INDEPENDENCE, MISSOURI

111 E Maple
Independence, MO 64055
(816) 325-7079 or 325-7063

APPLICATION PROCEDURES FOR CHANGE OR ADDITION OF PARTNERS

1. **APPLICATION** - (form furnished) - **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. **YOU must apply for and submit an original** State of Missouri Criminal Record History for the **new Partner**. 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. You may contact the State office at the (573) 526-6153 regarding fees for this service.

An **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.**

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".
8. If there has been a change in stock or ownership, which equals 50% or more, due to this change or addition of a partner a new application will be required.

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

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
MO Division of Liquor Control
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, MISSOURI
111 East Maple, Independence, Missouri 64050
(816) 325-7079 or 325-7063

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.