

CITY OF INDEPENDENCE, MISSOURI

APPLICATION PROCEDURES FOR PICNIC LICENSE

This license shall be issued to a church, school, civic, service, fraternal, veteran, political or charitable club or organization only. This license is issued for consumption only at a picnic, bazaar, fair, cultural event or similar gathering. This license shall not be issued for more than seven days. The sale of liquor may begin at 10:00 a.m. and end at midnight on that day. The licensed area is not allowed within 300 feet of any children's carnival or rides.

1. **APPLICATION** - (form furnished) - To be completed in full by the appointed Managing Officer for use of this liquor license.
2. **COPY OF STATE DOCUMENTS** – Copy of the State of Missouri registration as a not-for-profit organization.
3. **RESOLUTION DESIGNATING MANAGING OFFICER** - Copy of resolution designating the Managing Officer. The Managing Officer (now referred to as Applicant) appointment form may be used in lieu of the resolution (form furnished).
4. **FEE** - A bank draft, money order, certified check, or cashier's check payable to the City of Independence is required. All fees are due at the time of application and must be paid in full at the time of application.
\$37.50 - Picnic 7 day Intoxicating Liquor by Drink
\$25.00 - 7 Day Malt Liquor & Wine by Drink
\$150.00 - Fourth of July Celebration Malt Liquor & Light Wine (only for period from June 15 to July 15 and may only sell between the hours of 10:00 a.m. and midnight for not more than 7 consecutive days)
5. **CRIMINAL RECORD CHECK – NEED TWO ORIGINALS** – 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 Applicant. 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 or from their web site at www.machs.mshp.dps.mo.gov . 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.**
6. **PHOTOGRAPHS** - One recent passport size photograph of the Applicant.
7. **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.
8. **VOTER REGISTRATION** - Applicant must submit a Certificate of Voter Registration. A voter registration application will not be accepted.
9. **COPY OF AGREEMENT** - Applicant must provide copy of Lease Agreement or Letter of Permission from the property owner.

10. **DIAGRAM OR SKETCH** of the proposed area to be utilized for serving and allowing alcohol. The proposed area must be restricted to prohibit all alcoholic beverages leaving the designated area. If an outdoor area is being utilized, fencing or barricade such as chain link or orange construction flexible fencing must be used for the designated area. The proposed type and height of fencing or barricade will need to be indicated on the diagram/sketch. The entrance/exit must be manned at all times. Please check with Fire Prevention at (816) 325-7121 and the Health Department (816) 325-7083 for additional requirements.

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

CITY OFFICE

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

STATE OFFICE

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

APPLICATION FOR SPECIAL/LIMITED LICENSE

Application is hereby being made for the following Limited License (check one):

- [] Picnic 7 Day Intoxicating Liquor by the Drink \$ 37.50
[] Picnic 7 Day Malt Liquor & Wine by the Drink \$ 25.00
[] Fourth of July Celebration Malt Liquor & Light Wine (only for period from June 15 to July 15) \$150.00

Name, address and telephone number of Organization sponsoring event _____

Address of event _____

Date(s) and times event is to be held _____

Type and height of fencing to be used to restrict outdoor area _____

Name of Managing Officer/Applicant _____

Home Address _____

(Number & Street)

(City)

(State)

(Zip)

Home Phone No. _____ Date of Birth _____ State of Birth _____

Social Security No. _____ Driver=s License No. _____

Sex _____ Age _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Are you a citizen of the United States of America? _____

Spouse's name and address _____

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 so, give details _____

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

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

Are you, or any member of your household or immediate family, interested directly 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 _____

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 _____

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 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:

OFFICE USE ONLY

Please post a copy of the State and City Liquor Licenses at this event or function.

DATE APPLICATION APPROVED _____

Liquor License Officer

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 event will be held and operating 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:

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

REQUEST FOR CRIMINAL RECORD 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 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