

## CITY OF INDEPENDENCE, MISSOURI

### SUNDAY SALES LICENSE APPLICATION PROCEDURES

Retailer of Intoxicating Liquor by the Drink - Restaurant/Bar  
Retailer of Malt Liquor and Light Wine by the Drink  
Retailer of Malt Liquor & Light Wine in the Original Package  
Retailer of Intoxicating Liquor in the Original Package

Retailer of Intoxicating Liquor by the Drink-Bar (as defined in 2.01.008 of City Code, for Charitable Organizations only)

1. **APPLICATION** - (form furnished) - To be filed by sole owner, principal managing partner if business ownership is a partnership, or by the Managing Officer if business ownership is a corporation. Answer all applicable questions in full. **Application must be signed by applicant and signature must be notarized.**
2. **FEE** - \$300.00 - Full payment by a bank draft, money order, certified check, or cashier's check payable to the City of Independence is required. **This fee will be payable at the time of application.** If a license is applied for and **issued after December 31<sup>st</sup>** in any year, the fee shall be equal to one-half of the annual fee.
3. **FOOD AND LIQUOR SALES BREAKDOWN - (Required by Restaurant/Bar and Malt Liquor and Light Wine by the Drink Licensees only)** A notarized statement prepared by a certified public accountant, public accountant, auditor, comptroller, or bookkeeper must be attached to the Application form which shows a breakdown of food sales and liquor sales for the preceding year, or for the preceding ninety days, if in business for less than one year.

At least fifty (50%) percent of the gross income of the restaurant for the preceding twelve months must come from the sale of prepared food or meals consumed on the premises, or that the restaurant has an annual income of at least Two Hundred Thousand Dollars (\$200,000) from the sale of prepared food or meals consumed on such premises.

In the event such restaurant has not been in operation for at least twelve months, a statement shall be submitted ninety days after the date of issuance of a license that verifying that at least fifty percent (50%) of the gross income is from the sale of food or that the annual sales would be at least Two Hundred Thousand (\$200,000).

The City of Independence Sunday Sales License and State of Missouri Approval Letter will be mailed.

### **OTHER LICENSES REQUIRED**

#### 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 SUNDAY SALES LICENSE**

- RETAILER OF INTOXICATING LIQUOR BY THE DRINK - RESTAURANT/BAR
- RETAILER OF MALT LIQUOR AND LIGHT WINE BY THE DRINK
- RETAILER OF MALT LIQUOR AND LIGHT WINE IN THE ORIGINAL PACKAGE
- RETAILER OF INTOXICATING LIQUOR IN THE ORIGINAL PACKAGE
- RETAILER OF INTOXICATING LIQUOR BY THE DRINK - BAR (as defined in Section 2.01.008 of City Code)

The undersigned (individual owner) (partnership) (corporation) hereby makes application for the retail sale of alcoholic beverages on Sunday from 9:00 A.M (11:00 A.M. if Sunday Bar License) to midnight.

1. Name of Licensed Establishment \_\_\_\_\_
2. Address \_\_\_\_\_
3. Applicant's Name \_\_\_\_\_
4. Applicant's Address \_\_\_\_\_
5. If corporation, corporate name and address \_\_\_\_\_
6. If partnership, names and addresses of partners \_\_\_\_\_  
\_\_\_\_\_
7. If applying for a Liquor by the Drink Bar license, the name of the licensed Charitable Organization \_\_\_\_\_  
\_\_\_\_\_
8. City Liquor License Number \_\_\_\_\_

I, or we, (please print) \_\_\_\_\_  
being of lawful age, and duly sworn upon my (our) oath, 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission expires:

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

**OFFICE USE ONLY**

DATE APPLICATION RECEIVED \_\_\_\_\_

FEE PAID \$ \_\_\_\_\_

\_\_\_\_\_  
Liquor License Officer