



Liquor License Application

Business Name _____ Applicant Name _____

Business Phone _____ Cell Phone _____ Anticipated Date of Opening _____

Address of premises to be licensed: _____

NOTE: a separate license & application is required for each place of business

Indicate any/all licenses being applied for:

Restaurant Sales

_____ Resort with/without Sunday \$450.00
_____ 5% Beer with/without Sunday Sales \$75.00
_____ 3.2% Beer with/without Sunday Sales \$37.50

Original Package Retail*

_____ With Sunday Sales \$450.00
_____ Without Sunday Sales \$150.00

*ADDITIONAL INFORMATION **REQUIRED** FOR ORIGINAL PACKAGE RETAIL

Indicate all types of businesses that the proposed *Original Package Retail - Intoxicating Liquor* license shall be issued in connection with:

_____ Drug Store _____ Cigar & Tobacco Store _____ General Merchandise Store
_____ Grocery Store _____ Confectionery Store _____ Delicatessen Store

All applications made for Original Package Retail shall be accompanied by an inventory and appraised valuation of stock of goods at the place of business proposed in such application, other than intoxicating liquor, which inventory and appraisal shall be under oath; such inventory shall have an appraised valuation of at least one thousand dollars according to invoice at the time of making the application for such license.

After receiving your Liquor License from the State of Missouri Division of Alcohol and Tobacco Control, bring these documents to City Hall along with your Missouri Retail Sales Tax Certificate to be issued your Liquor License from the City of Nixa.

ACKNOWLEDGEMENT & AGREEMENT

By signing below I hereby acknowledge that I am an authorized signer of the business named above and all information contained in this application and any accompanying material is accurate and truthful, to the best of my knowledge and belief. I further agree to comply with all ordinances of the City of Nixa, Missouri and am aware that these ordinances are available for review at the Administration office of same city. I agree to fully comply with any requirements of additional permits, licenses and/or fees and am aware that all forms and/or applications are subject to approval by: Nixa City Council, Planning & Zoning, Building Inspection and/or Nixa City Clerk.

Print Name

Signature