



THE CITY OF  
**PERRYVILLE**  
MISSOURI

*Plant your family here.*

215 North West Street  
Perryville, MO 63775  
Phone: 573-547-2594  
Fax: 573-547-6474

### LIQUOR LICENSE APPLICATION

- \_\_\_ Retail Liquor by the Drink (RBD) - \$300
- \_\_\_ Sunday by Drink(SBD) - \$200
- \_\_\_ Sunday Original Package (SOP) - \$200
- \_\_\_ Original Package Liquor (OPL) - \$100
- \_\_\_ Original Package Tasting (OPT) - \$25
- \_\_\_ Retail Liquor by Drink – Exempt (RBDE) - \$300
- \_\_\_ Retail Liquor by Drink – Picnic (RBDP) - # of stands: \_\_\_\_\_ (\$25 per stand) \*
- \_\_\_ 5% Beer by Drink-Wine (5BDW) - \$50
- \_\_\_ 5% Sunday By Drink (5SBD) - \$200
- \_\_\_ 5% Beer by Drink (includes Sunday) (5BD) - \$50
- \_\_\_ Original Package 5% Beer(includes Sunday) (5OP) – \$50
- \_\_\_ Consumption of Intoxicating Liquor (COL) - \$60
- \_\_\_ Microbrewery (MICB) - \$5 (for each 100 barrels)

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Type of Event: \_\_\_\_\_ (attach memo with details)

\*Picnic License: Remember, You will also need to contact the State of Missouri for a picnic license

- \_\_\_ Retail Liquor by Drink – Caterers (RBDC) - # of days: \_\_\_\_\_ (\$10 per day) \*

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Type of Event: \_\_\_\_\_ (attach memo with details)

\*Caterers License: Remember, You will also need to contact the State of Missouri and Perry County for a caterers license

\_\_\_ Other License as described in Code of Ordinances \_\_\_\_\_

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**Applicants - Please complete section below**

Name of applicant: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Application is: Owner \_\_\_\_\_; Managing Officer \_\_\_\_\_; or Partner \_\_\_\_\_.

Mailing address of applicant: \_\_\_\_\_

Phone number of applicant: Business: \_\_\_\_\_ Home: \_\_\_\_\_

Address of premises which license applied for would cover: \_\_\_\_\_

Provide the following information pertaining to: the owner of a sole proprietorship; managing officer of the corporation; or partner of a partnership

Full Name (and maiden name if applicable): \_\_\_\_\_

Current residence: \_\_\_\_\_

Length of residency at current address: \_\_\_\_\_

Previous residence: \_\_\_\_\_



Date of birth: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ Social Security #: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Current driver's license: State: \_\_\_\_\_ Number: \_\_\_\_\_ (provide copy of drivers license)

Are you a qualified voter and tax paying citizen of MO? \_\_\_\_\_ (provide copy of voter registration card)

Have you previously been issued a liquor license? \_\_\_\_\_

Have you ever had a license/permit issued by the Supervisor of Liquor Control revoked/suspended? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Have you or any of your employees been convicted of any liquor law violation? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Do you agree to abide by the Liquor Laws of the State of Missouri? \_\_\_\_\_

**I HEREBY CERTIFY THAT EACH OF THE STATEMENTS SUBMITTED HERewith, OR SUBMITTED IN THE ORIGINAL APPLICATION ON FILE IN THE OFFICE OF THE CITY CLERK, ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public  
State of Missouri  
County of Perry  
My term expires: \_\_\_\_\_

Please submit a "Request for Criminal Record Check" with the Missouri State Highway Patrol – Findings must be submitted to this office before your liquor license application will be reviewed for approval.

**IN ORDER TO SELL ALCOHOLIC BEVERAGES –  
A CITY AND STATE LIQUOR LICENSE MUST BE OBTAINED**

For City Use:

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| this _____ day of _____,          |                                 |
| 20____.                           |                                 |
| Signed: _____                     |                                 |
| City Clerk                        |                                 |

|   |                             |
|---|-----------------------------|
| <b><i>If this is a new establishment:</i></b>   |                             |
| Building, premises, and parking facilities meet city building code and zoning requirements: |                             |
| <input type="checkbox"/> YES  | <input type="checkbox"/> NO |
| Signed: _____   |                             |
| Building Inspector  |                             |