

**CITY OF FULTON, MISSOURI
LIQUOR LICENSE APPLICATION
FOR LICENSE YEAR JULY 1, 2024 THROUGH JUNE 30, 2025**

SECTION A: BUSINESS INFORMATION

I hereby apply for a liquor license on behalf of the business listed below within the City of Fulton, Missouri as follows:

NAME OF BUSINESS: _____
DOING BUSINESS AS: *if different* _____
MISSOURI SALES TAX #: _____
BUSINESS LOCATION ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS EMAIL: _____
BUSINESS PHONE: _____

Are the premises to be licensed within 100 feet of any school, church, or other building regularly used as a place of religious worship?
 Yes No

SECTION B: APPLICANT INFORMATION

NAME OF APPLICANT: _____
PHONE NUMBER: _____
BIRTHDATE: _____
PLACE OF BIRTH: _____
LAST FOUR OF SOCIAL: _____
YEARS RESIDED IN FULTON: _____
HOME ADDRESS: _____

Applicant, have you ever been convicted of a felony?
 Yes No If yes, please submit details.

Applicant, have you had a license for the sale of intoxicating liquor be suspended or revoked?
 Yes No If yes, please submit details.

Applicant, have you ever made application for a liquor license that was denied by the licensing authority of any state, county, or city?
 Yes No If yes, please submit details.

Applicant, have you been convicted of the violation of any of the provisions of State Law or City Ordinances applicable to the manufacture or sale of intoxicating liquor?
 Yes No

Applicant, have you submitted an application for this business before?
 Yes No If not, please list the name and business addresses of your previous employers for the past three years on the back of this sheet. Thank you.

SECTION C: CORPORATION INFORMATION

DATE OF INCORPORATION: _____
STATE IN WHICH INCORPORATED: _____
PRESIDENT/CEO NAME: _____
HEADQUARTERS PHONE: _____
HEADQUARTERS ADDRESS: _____

REGIONAL MANAGER: _____
EMAIL OR PHONE: _____

Applicant, are you an officer or director of the corporation?

___ Yes ___ No

SECTION D: LICENSE TYPE & COST

___ Initial Investigation Fee for First-Time Licenses	\$250.00
___ Renewal Fee (Required for all renewals)	\$50.00
___ Beer & Lite Wine by the Drink	\$52.50
___ Fee for Liquor by the Drink (includes beer/wine)	\$450.00
___ License Fee for Package Liquor (includes beer/wine)	\$75.00
___ License Fee for Package Beer	\$52.50
___ License Fee for Consumption on Unlicensed Premises	\$90.00
___ License Fee for Sunday Sales	\$300.00

Amount Due: \$ _____

SECTION E: ATTESTATION

I AM THE PERSON WHO IS TO BE ACTIVELY ENGAGED IN THE ACTUAL CONTROL AND MANAGEMENT OF THE PARTICULAR LIQUOR ESTABLISHMENT FOR WHICH LICENSE(S) IS HEREBY SOUGHT. I ALSO CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS A TRUE STATEMENT AND ARE COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM ALSO AWARE THAT OPERATING IN VIOLATION OF ANY MUNICIPAL, STATE OR FEDERAL STATUTES WILL CAUSE REVOCATION OF ISSUED LICENSE(S). LAST, I SWEAR THAT I AM DULY AUTHORIZED TO SIGN THIS STATEMENT AND MAKE APPLICATION.

SIGNATURE _____ **DATE** _____

REVIEW: ITEMS NEEDED TO RECEIVE LIQUOR LICENSE

___ Application (**complete – legible**)
___ Payment (Checks made payable to the City of Fulton. Cash or card in-person payment only.)
___ Copy of current Missouri ATC Liquor License(s)
___ Copy of Missouri State Driver’s License

*All establishments selling alcohol must have a business license with the City of Fulton.

Mailing Address: City Clerk’s Office, PO Box 130, Fulton, MO 65251