APPLICATION FOR LIQUOR LICENSE

City of Wentzville
City Clerk
310 W. Pearce Blvd
Wentzville MO 63385

INSTRUCTIONS

- Please TYPE or PRINT this application using only blue or black ink.
- Answer all questions fully or indicate “N/A” if not applicable.
- Attach copies of any additional supporting documents requested.
- If the establishment is a corporation and/or a partnership, please provide a list of names, address and date of birth of Corporate Officers/Partners.
- All other types of liquor licenses not listed, please contact the City Clerk
- Submit completed application to the City Clerk with payment of required license fee(s).
- If a new license, applicant must apply for a “City Business License” prior to the issuance of a liquor license.
- If a renewal license, applicant must obtain a “City Business License” prior to the issuance of a liquor license.
- No guarantee of issuance with payment. If license is not granted, the license charge shall be refunded to the applicant.

CONTACTS

Vitula Skillman, City Clerk & License Support Staff
636 327 5101

Commonly asked Questions

- Liquor Licenses are due annually, and the term runs from July 1 through June 30 the following year. (excluding special event licenses)
- If a license is issued in the middle of the term, fees will be prorated. The applicant will need to reapply at renewal time. Please contact the City Clerk to find out the prorated amount before submitting the application.
- If this is a new license, the applicant will need to obtain the City’s license first, then apply with the State and finally St. Charles County. It is best to begin the process no later than a month prior to the desired beginning license date.
- Special events often require special permits and requests. Please contact the City Clerk to see if your event / liquor license request will require any special permits.
**TYPE OF LIQUOR LICENSE REQUESTED**

Check the following that apply: □ Renewal    □ New

Term of license: ________________ through ________________
(yearly licenses run from 7/1-6/30)

<table>
<thead>
<tr>
<th>TYPE OF LICENSE</th>
<th>FEE</th>
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<tbody>
<tr>
<td>□ Full Liquor by the drink</td>
<td>Section 600.230.5.b (If New, Requires a CUP) $450.00</td>
</tr>
<tr>
<td>□ Original Package</td>
<td>Section 600.230.B.4.a &amp; 600.060 $150.00</td>
</tr>
<tr>
<td>□ Wine by the Drink</td>
<td>Section 600.230.B.5.b (If New, Requires a CUP) $75.00</td>
</tr>
<tr>
<td>□ Sunday Sales-Sale of Intoxicating Liquor at Retail</td>
<td>Section 600.200 $300.00*</td>
</tr>
<tr>
<td>□ Sunday Original Package</td>
<td>Section 600.200 &amp; 600.230.B.4.b (If New, Requires CUP) $300.00</td>
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<tr>
<td>□ Picnic Liquor By The Drink License (7 Days)</td>
<td>Section 600.230.C.1 &amp; 600.210.A&amp;B $37.50</td>
</tr>
<tr>
<td>□ One Day Catering Permit (charge per day)</td>
<td>Section 600.230.C.3 $15.00*</td>
</tr>
<tr>
<td>□ 5% Beer by the Drink (includes Sundays)</td>
<td>Section 600.230.B.5.a (If New, Requires CUP) $75.00</td>
</tr>
<tr>
<td>□ 5% Beer Original Package (includes Sundays)</td>
<td>Section 600.230.B.4 &amp; 600.060 $75.00</td>
</tr>
<tr>
<td>□ Tasting License (must already have a liquor license)</td>
<td>Section 600.220 &amp; 600.230.C.2 $37.50*</td>
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<tr>
<td>□ Liquor Wholesale Solicitor License</td>
<td>Section 600.230.B.3.c $750.00</td>
</tr>
<tr>
<td>□ Liquor 22% Wholesale Solicitor</td>
<td>Section 600.230.B.3.b $300.00</td>
</tr>
<tr>
<td>□ Not for Profit</td>
<td>Section 600.230.F $150.00</td>
</tr>
</tbody>
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*Secondary License Type-Requires a Primary License to Qualify.*

□ Manufacturing, Brewing, etc.                     | Section 600.230.B.1 |

See City Clerk

OVER ———->
CITY OF WENTZVILLE - LIQUOR LICENSE APPLICATION CONTINUED

Business Name: ____________________________________________
Trade Name: ______________________________________________
Physical Business Address: __________________________________
Mailing Address: __________________________________________
Owner’s Name: _____________________________________________
Owner’s Address: __________________________________________
Phone Numbers: ___________________ home ___________________ cell ___________________

Applicant Manager Name: ______________________________________
Home Address: ______________________________________________
Phone Numbers: ___________________ home ___________________ cell ___________________
Managers DOB: ___________________ Social Security # ____________
Legal Voter at: ______________________________________________
Are you a taxpaying citizen of the County, Town, City or Village where you reside in the state? □ YES □ NO

Description of premises: __________________________________________

Has a license held by the applicant manager/owner for the sale of intoxicating liquor or non-intoxicating beer ever been revoked?
□ YES □ NO If yes, give times and places: __________________________

Has the applicant manager/owner ever been convicted of any law applicable to the manufacture or sale of intoxicating liquor or non-intoxicating beer since the ratification of the Twenty-First Amendment of the Constitution of the United States?
□ YES □ NO If yes, give times and places: __________________________

*******************************************************************************************************

I, ____________________________________________ hereby consent to a complete criminal record check being made,
Manager of Named Business (If no manager the owner needs to complete this section)
Print Name (Manager) ___________________ Signature (Manager) ___________________ Date ____________

*******************************************************************************************************

I, ____________________________________________ hereby testify that the above information is correct, valid,
Owner of Named Business and truthful.
Print name (Owner) ___________________ Signature (Owner) ___________________ Date ____________

CITY USE ONLY - DO NOT WRITE IN THIS SPACE

Planner ___________________ Review: ___________________ Police Dept: Approved/Rejected Signature: ___________________ Date: ____________

Approved by Supervisor of Liquor Control: ___________________ Date: ____________
Business License #: ____________

NOTE: City Ordinance in effect shall take preference over this form on all matters.