



**Application for LIQUOR License with Sunday for Incorporated Areas
 as defined by Chapter 801, Saint Louis County Revised Ordinances**

Please include:

- Copy of your State of MO Liquor License
- Payment
- Business personal property tax must be paid and current or copy of waiver must be submitted. To obtain a merchant's license or if you have questions regarding business personal property, please call 314.615.5104 or contact the Assessor's office: Assessor@stlouiscountymo.gov

Name of Owner/Corporation _____

Name of Business or dba _____

Address of Business _____

Mailing Address (if different) _____

Business Phone _____ **Business Email/Website** _____

Name and Address of Owner or Managing Officer _____

Phone with Area Code _____ **Email** _____

Date of Birth ____/____/____ **Social Security Number** _____-____-_____

State of MO Liquor Type (Retail by the Drink, Sunday, Micro Brewery, etc.)	State Liquor License Number

Legal Description as it appears on your State Liquor License:

IMPORTANT: You are required to report any change of facts as shown on this application within ten (10) days. I understand that false answers may be grounds for denial of license. I agree that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by the Director of Revenue, and I further understand and agree that if I, or any of my employees, shall violate the provisions of any laws of the State of Missouri or St. Louis County, or knowingly allow any other person to do so upon the licensed premises, the Director of Revenue may suspend or revoke the license granted hereunder.

I acknowledge that any license granted by the Director of Revenue will be subject to the current provisions of Chapter 801 SLCRO, and the Rules and Regulations of the Director of Revenue, and failure to conform thereto will subject my license to suspension or revocation by the Director of Revenue.

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

Printed Name of Owner/Partner/Managing Officer _____ **Signature** _____

Subscribed and sworn before me on the ____ day of _____, 20____

My commission expires _____

Notary Public