**CITY OF COOL VALLEY**

 100 SIGNAL HILL DR., COOL VALLEY, MO 63121- PHONE 314.521.3500 FAX 314.942.8701

**Application for Liquor License as defined by Chapter 600, City of Cool Valley Ordinance 47**

Today’s Date \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Name of Owner/Corporation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business or dba\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(NO PO BOXES)**

Mailing Address (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone Business Email/Website

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Address of Owner or Managing Officer (**NO PO BOXES)**

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Email

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**State Liquor License Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of MO Liquor Type (Retail by the Drink, Sunday, Micro Brewery, etc.) \_**

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**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 Board of Alderman, 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 the City of Cool Valley, or knowingly allow any other person to do so upon the licensed premises, the Board of Alderman may suspend or revoke the license granted hereunder. I acknowledge that any license granted by the Board of Alderman will be subject to the current provisions of Ordinance 47 Chapter 600, failure to conform thereto will subject my license to suspension or revocation by the Board of Alderman.

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 Printed Name of Owner/Managing Officer Signature of Owner/Managing Officer and Date

**Did you remember to include:**

* Signed application
* Copy of your State of MO Liquor License
* Payment
* Mo No Tax Due Letter

To obtain or renew a business/merchant’s license or if you have questions, please call 314.521.3500 or visit the city’s website, [www.cityofcoolvalley.org](http://www.cityofcoolvalley.org).