LIQUOR DISPENSING PERMIT APPLICATION
LIBERTY, MISSOURI

Instructions: Print legibly. A background investigation will be conducted and you may have to allow time for an accurate investigation to be completed. A fee in the amount of $15.00 will be collected for city processing along with a state fee of $15.00

Name: _____
(First)   (Middle Initial)   (Last)

Address: _____ Apt#_____ City, State, & Zip: _____

Previous address: _____ _____

Phone: _____Other Name Used:_____ _____Email: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Social Security Number: _____ Drivers License No/State: _____/_____

Emergency Contact: _____ Relationship to you: _____

Address: _____ Phone: _____

Employer requesting the liquor dispensing permit: _____ Start Date: _____
(Name of Business)

Have you had a liquor dispensing permit in Liberty? ☐ Yes ☐ No When? _____ Employer? _____

Have you been convicted of a crime that was classified as a felony? ☐ Yes ☐ No
Persons convicted of a felony, when the charge was drug or alcohol related, are not eligible for a liquor dispensing permit if the conviction was within two years of the application date

Have you been convicted of a crime that was classified as a misdemeanor? ☐ Yes ☐ No
Persons convicted of a misdemeanor, when the charge was drug or alcohol related, are not eligible for a liquor dispensing permit if the conviction was within two years of the application date

If you answered **YES** to the question about <u>felony</u> or <u>misdemeanor</u> convictions, complete the following:

Date of Conviction: _____ City/County/State where convicted: _____ Charge: _____

Date of Conviction: _____ City/County/State where convicted: _____ Charge: _____

I certify that the answers given by me to the questions and statements on this application are true and correct without consequential omissions of any kind whatsoever. I agree that the City of Liberty shall not be liable in any respect if my permit is terminated or disapproved because of falsity of statement, answers, or omissions made by me in this application.

Date: _____ Signature of Applicant: _____
****

Temporary Expiration Date: _____ Approved: _____

Full Term Permit Issue Date: _____ Disapproved: _____ Deputy City Clerk _____

Form A-118 (10/25)