

SUPPLEMENTAL APPLICANT RELEASE FORM

ATTACHMENT B TO APPLICATION FOR LIQUOR LICENSE

NOTE: To be filled out by all members of a partnership, joint venture or group other than a corporation which has made application for a Liquor License (excluding primary applicant). Proof of paid taxes and voter registration for Supplemental Applicant must be returned with this form.

(PLEASE PRINT)

1. NAME OF COMPANY _____
d/b/a _____

2. NAME OF SUPPLEMENTAL APPLICANT _____
S.S.# _____ Date of Birth _____ Home Phone No. _____
Home Address _____ Zip _____
Registered voter: Precinct No. _____ of _____ township in _____ County, MO
Has Applicant ever had a license to sell liquor revoked or suspended? _____
If yes, state: When? _____ and where? _____
Has Applicant ever been convicted or pleaded guilty to any felony or to any misdemeanor related to the sale of alcoholic beverages? _____ If yes, state:
 - a. Nature of charge _____
 - b. Whether conviction or plea of guilty _____
 - c. Date of conviction or plea _____
 - d. In what court _____

I UNDERSTAND BY SIGNING THIS ATTACHMENT B, THAT THE MARYLAND HEIGHTS POLICE DEPARTMENT IS AUTHORIZED TO INVESTIGATE MY FITNESS FOR MAKING SUCH APPLICATION FOR A LIQUOR LICENSE, AND ANY MEMBER OF THE MARYLAND HEIGHTS POLICE DEPARTMENT OR OTHER OFFICERS OF THE CITY ARE AUTHORIZED TO MAKE INSPECTIONS OF MY ESTABLISHMENT AFTER THE ISSUANCE OF SAID LIQUOR LICENSE FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH THE LAWS OF THE STATE AND OF THE CITY OF MARYLAND HEIGHTS.

WITHIN TEN (10) DAYS HEREAFTER, I SHALL FURNISH TO THE CITY OF MARYLAND HEIGHTS A RECENT PHOTOGRAPH OF MYSELF.

I UNDERSTAND AND AGREE THAT IF ANY OF MY STATEMENTS OR ANSWERS ABOVE ARE UNTRUE, OR IF I FAIL TO COMPLY WITH THE LAWS OF THE STATE AND THE CITY OF MARYLAND HEIGHTS PERTAINING TO LIQUOR, ANY LICENSE ISSUED UPON THIS APPLICATION MAY BE SUSPENDED OR REVOKED.

I UNDERSTAND BY SIGNING THIS ATTACHMENT B I AM AUTHORIZING THE MARYLAND HEIGHTS POLICE DEPARTMENT TO CONDUCT A POLICE RECORD CHECK AS PART OF THE APPLICATION PROCEDURE AND THAT INFORMATION WILL BE ANALYZED BY THE APPROPRIATE LAW ENFORCEMENT AGENCY.

Signature of Supplemental Applicant

STATE OF MISSOURI)
) SS.
COUNTY OF ST. LOUIS)

Comes now _____ of lawful age, being first duly sworn upon oath and states that he has read the foregoing Supplemental Applicant Release and fully understands and agrees with the same, and that the answers and statements given by him are true and correct.

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public

My Commission Expires: _____