



**CITY OF MARYLAND HEIGHTS
APPLICATION TO CHANGE MANAGING OFFICER -FOR LIQUOR LICENSE**

DATE: _____
(PLEASE PRINT)

1. NAME OF COMPANY

d/b/a _____

Location of Business

Phone No. _____

2. NAME OF APPLICANT

First _____ MI _____ Last _____

S.S.# _____ Date of Birth _____ Home Phone No. _____

Home Address _____ Zip _____

Email Address _____

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? _____ 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
