



# City of MARYLAND HEIGHTS

11911 Dorsett Road  
Maryland Heights, MO 63043  
t: 314.291.6550  
f: 314.291.7457  
www.marylandheights.com

## INSTRUCTIONS FOR LIQUOR LICENSE APPLICATION

### All applicants must submit the following:

1. Maryland Heights Liquor License Application, completed in full, and check for applicable fees (see fee schedule on reverse side).
2. Completed Applicant Release form, Attachment A.  
  
**NOTE:** Any application by a partnership, joint venture or group other than a corporation, shall submit a list of all individuals who are members of said partnership, joint venture or group and a Supplemental Applicant Release form (Attachment B) for each.
3. If business is a corporation, supply the names and addresses of its: (1) Registered Agent; (2) Officers of the Corporation; and (3) Directors of the Corporation.
4. One (1) photograph of exterior of premise to be occupied.
5. One (1) photograph of Applicant/Managing Officer.
6. Proof of paid taxes (personal property tax receipt) of the applicant for the City, County and State in which the applicant resides.
7. Proof of voter registration in the State of Missouri.
8. Proof of paid taxes of the business for the County and State in which the business is located, including those taxes to the City of Maryland Heights where applicable. A "No Sales Tax Due" letter issued from the Missouri Department of Revenue dated within the last 90 days is the standard document that satisfies this criteria. The following link can be used to generate such a letter: <https://dors.mo.gov/tax/notaxdue/>.

### APPROVAL OF LICENSE -

License requests are submitted to the City Council for consideration. Council meetings are held the first and third Thursday of each month, 7:30 p.m., in the Council Chambers. It is suggested that a representative attend to answer any questions.

### LICENSE FEES -

All fees are to be paid in advance.

Businesses issued a liquor license to commence after August 1 will be charged a proportionate fee based on the remaining months to the next July 1; (see fee schedule on reverse side).

**CHANGE OF STATUS -** Applicant is required to notify the City of any change of management or ownership or other pertinent information as soon as possible.

### EMPLOYEES -

Applicant is required to submit a list of all employees directly related to the sale and/or service of intoxicating liquor on the licensed premise, along with their address, social security number and date of birth, and to provide an updated list on a current basis.

**EXPIRATION DATE -** All liquor licenses expire July 1 of each year.

**LICENSE RENEWALS -** Renewal forms will be mailed to license holders in March of each year and must be returned to the City Clerk's Office by May 15.

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE CITY CLERK'S OFFICE (314) 291-6550.**

**CITY OF MARYLAND HEIGHTS**

**SCHEDULE OF LIQUOR LICENSE FEES**

	<u>7/1 - 7/30</u>	<u>8/1 - 8/30</u>	<u>9/1 - 9/30</u>	<u>10/1 - 10/30</u>	<u>11/1 - 11/30</u>	<u>12/1 - 12/30</u>	<u>1/1 - 1/30</u>	<u>2/1 - 2/30</u>	<u>3/1 - 3/30</u>	<u>4/1 - 4/30</u>	<u>5/1 - 5/30</u>	<u>6/1 - 6/30</u>
LIQUOR	450.00	412.50	375.00	337.50	300.00	262.50	225.00	187.50	150.00	112.50	75.00	37.50
BEER/WINE	52.50	48.12	43.74	39.36	34.98	30.60	26.22	21.84	17.46	13.08	8.70	4.38
PKG LIQ	150.00	137.50	125.00	112.50	100.00	87.50	75.00	62.50	50.00	37.50	25.00	12.50
PKG BEER	22.50	20.62	18.74	16.86	14.98	13.10	11.22	9.34	7.46	5.58	3.70	1.88
SUNDAY	300.00	275.00	250.00	225.00	200.00	175.00	150.00	125.00	100.00	75.00	50.00	25.00

PICNIC LICENSES (Not-for-profit organizations only)

PICNIC LIQUOR \$37.50 (not to exceed 7 days)

PICNIC BEER \$37.50 (not to exceed 7 days)

CATERER LICENSES (Applicants must hold a valid liquor/beer by the drink license)

CATERER LIQUOR \$15.00 each day or fraction thereof (not to exceed 120 consecutive hours)

CATERER BEER \$15.00 each day or fraction thereof (not to exceed 120 consecutive hours)

WINE TASTING SPECIAL PERMIT (Allowing holders of Retail Package, Beer/Wine or Package Liquor to have wine tasting on premise)

\$25.00 (In addition to other associated license fees. Flat fee, not pro-rated)

MICROBREWER'S LICENSE

\$7.50 for each 100 barrels or fraction thereof up to maximum license of \$375.00



**APPLICATION FOR LIQUOR LICENSE**

**NOTE: This Application must be completed in full and submitted with applicable fees and attachments (as described in Instruction Sheet).**

**The undersigned respectfully makes application for a license. (Check all licenses required - SEE FEE SCHEDULE FOR PRO-RATED AMOUNTS.)**

Annual Fee

- ( ) \$450.00 1. RETAIL LIQUOR BY THE DRINK - Sales of all kinds of intoxicating liquor for consumption on the premises where sold. This license also grants the permissions of license options 2 as well. However, if you intend on selling alcohol on Sundays you would be required to apply for a Sunday Liquor By The Drink license as well.
- ( ) \$ 52.50 2. 5% BEER BY THE DRINK-WINE - Retail sales of malt liquor and wine, for consumption on the premises where sold.
- ( ) \$150.00 3. ORIGINAL PACKAGE LIQUOR - Retail sales of intoxicating liquor, not to be consumed on the premises where sold.
- ( ) \$ 22.50 4. ORIGINAL PACKAGE 5% BEER - Retail sales of malt liquor not to be consumed on the premises where sold.
- ( ) \$300.00 5. SUNDAY LIQUOR BY THE DRINK - Retail Sunday sales of intoxicating liquor for consumption on the premises where sold.
- ( ) \$300.00 6. SUNDAY ORIGINAL PACKAGE - Retail Sunday sales of intoxicating liquor, not to be consumed on the premises where sold.
- ( ) \$37.50 7. WINE TASTING LICENSE – Allows holders of Retail Package “beer/wine” or “full liquor” licenses to have wine tasting on premise. (fee is not prorated)

Does the above request alter a current license? \_\_\_\_\_ If yes, how? \_\_\_\_\_

Effective date requested: \_\_\_\_\_ Fee amount submitted: \_\_\_\_\_

**(PLEASE PRINT)**

- 1. CITY BUSINESS LICENSE APPLIED FOR \_\_\_\_ Yes \_\_\_\_ No
- 2. NAME OF COMPANY \_\_\_\_\_  
d/b/a \_\_\_\_\_  
Location of Business \_\_\_\_\_ Phone No. \_\_\_\_\_
- 3. MAILING ADDRESS (if different than above) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. Phone No. \_\_\_\_\_
- 4. DESCRIPTION OF PREMISE (NOTE - Must be the same as shown on your State Liquor License)  
\_\_\_\_\_  
\_\_\_\_\_
- 5. If requesting to sell liquor by drink, state maximum approved capacity of premise, as posted by fire marshal \_\_\_\_\_
- 6. If premise is to be operated as a club, state name of club \_\_\_\_\_ No.  
of members \_\_\_\_\_ Character & purpose \_\_\_\_\_  
Is Club incorporated? \_\_\_\_\_ Date of Charter \_\_\_\_\_

7. NAME OF 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? \_\_\_\_\_ 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 \_\_\_\_\_

8. BUSINESS IS OWNED BY \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
 If a Partnership, list names and addresses of all partners:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If a Corporation, list names and addresses of all officers:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If a Corporation, list name of managing officer:  
 \_\_\_\_\_

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 Application and fully understands the same, and that the answers and statements given by him are true and correct.

Further, applicant agrees to comply with the provisions of the Ordinances of the City of Maryland Heights, Missouri relating to the manufacture, brewing, sale and distribution of intoxicating liquor and malt liquor.

\_\_\_\_\_  
 Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My Term Expires: \_\_\_\_\_

APPROVALS:

City Planner	_____	Date	_____
Chief of Police	_____	Date	_____
City Council	_____	Date	_____

**APPLICANT RELEASE FORM**

**ATTACHMENT A TO APPLICATION FOR LIQUOR LICENSE**

I UNDERSTAND BY SIGNING THIS ATTACHMENT TO APPLICATION FOR LIQUOR LICENSE, 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 ME, TOGETHER WITH A PHOTOGRAPH OF THE BUSINESS PREMISE EXTERIOR DESCRIBED ON THE APPLICATION.

I UNDERSTAND AND AGREE THAT IF ANY STATEMENTS OR ANSWERS IN THE ATTACHED APPLICATION 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 RELEASE 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 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 release and fully understands and agrees with the same.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

# 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: \_\_\_\_\_