



City of Dellwood
1415 Chambers Rd.
Dellwood, MO 63135
Phone: (314) 521-4339 Fax: (314) 521-4699

APPLICATION FOR LIQUOR LICENSE

NEW RENEWAL

If renewing, please complete pages 1 & 2 only.

CHECK ALL THAT APPLY

Intoxicating liquors of all kinds, at retail,

IN THE ORIGINAL PACKAGE

SUNDAY

IN THE ORIGINAL PACKAGE, sold on in compliance with Sunday sales laws.

BY THE DRINK, for the consumption on the premises where sold, including sale in the original package.

Intoxicating liquors containing alcohol not in excess of 5% by weight, at retail,

IN THE ORIGINAL PACKAGE

BY THE DRINK, for the consumption on the premises where sold.

Non-intoxicating BEER containing alcohol not in excess of 3.2% by weight, at retail,

IN THE ORIGINAL PACKAGE

BY THE DRINK, for the consumption on the premises where sold.

Liquor sold on Sunday, \$150.00

BY THE DRINK, in compliance with Sunday sales laws

5% BEER and LIGHT WINE (14%)

BY THE DRINK, with SUNDAY SALES check if it applies

AND, in support of such application, hereby submits the following information which the undersigned represents to be true:

Name of Applicant:

Business Name:

Home Address:

Business Address:

Home Phone:

Business Phone:

Date of Birth:

Place of Birth:
(City, State, Country)

List the names, addresses, and ages of all persons employed in the business for which license is requested.

Name Address Age

Name Address Age

Name Address Age

Name Address Age

The undersigned applicant agrees to comply with all the provisions of chapter 602 of Title VI of the Municipal Code of the City of Dellwood, Missouri as amended and all Rules, Orders, and Directives of the Excise Commissioner of the City of Dellwood, as provided by law.

I (We) do solemnly swear that the foregoing contained herein are true and correct and that all statements contained in my original Application for Liquor License are still true and correct.

Signature

(Corporate Seal)

Signature

Signature

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

Notary Signature _____

(Notary Seal)

Office Use Only

Public Hearing Date: _____ This application has been: Approved Denied

City of Dellwood, Excise Commissioner