

APPLICATION FOR RETAILER'S LICENSE

For Sale of Intoxicating Liquor

Type of License: _____

To the Honorable County Commission of Cass County, Missouri:

The Undersigned, Doing business as _____ hereby makes application for a permit to sell:

Retail Liquor by Drink_ Package Liquor

in the City of _____ and County of Cass in the State of Missouri, for one year ending **June 30, 2021**, under and subject to the provisions of the Liquor Control Act passed by the 57th General Assembly in extra session, approved January 13, 1934, and acts amendatory thereto relating to the regulation, control, manufacture, brewing, sale, possession, transportation, and distribution of intoxicating liquor.

Applicant hereby agrees if permit is granted from upon this application, that applicant or any officer, agent, employee or servant of applicant will not violate any law of the State of Missouri, or knowingly allow any other person to violate any law of this state while in or upon the premises of applicant herein described; nor any rule or regulation of the Supervisor or Liquor Control of Missouri, or knowingly allow any other person so to do.

Applicant hereby agrees that if applicant or any of their employees shall violate any provisions of the Act of the General Assembly of Missouri under which this application is made, or any other law of the State of Missouri, or any rule or regulation, control, manufacture, brewing, sale, possession, transportation and distribution of intoxicating liquor, the Supervisor in his discretion, may suspend the operation of any permit granted hereunder by him, and during the time of such suspension, applicant hereby agrees to suspend the operation of the business authorized by this application pending the investigation by the Supervisor of the violation by applicant of any law of Missouri or any of said rules and regulations above mentioned of the Supervisor.

******* The undersigned Applicant affirms that it will comply with the state and federal immigration employment laws and verify the employment eligibility of all employees of the Applicant by using E-Verify system created by the federal government for use in confirming employment eligibility by employers.

******* The undersigned applicant affirms that is has obtained a **Certificate of No Tax Due** from the Missouri Department of Revenue and that it does not owe any taxes at the time of application.

(Firm Name) By _____
Phone # _____

State Liquor # _____ **EXPIRATION DATE:** _____

OFFICE USE ONLY

MoSt \$ _____

Filing Fee: \$ _____

TOTAL: \$ _____

DATE FILED: _____

BY: _____