

**City of Belle  
200 E. Third St.  
Belle, MO 65013  
573-859-3513 – Voice  
573-859-3821 – Fax**

**Application for Liquor License**

I, \_\_\_\_\_, hereby apply to the City of Belle to sell liquor as described below. Doing business as \_\_\_\_\_ with a physical address of \_\_\_\_\_.

City Codes: Chapter 600

(Please check all that applies)

<b>Liquor by the Drink</b>	<b>\$300.00</b>	<b>Yes</b> ___	<b>No</b> ___
<b>Liquor Sunday Sales</b>	<b>\$200.00</b>	<b>Yes</b> ___	<b>No</b> ___
<b>Package Liquor</b>	<b>\$150.00</b>	<b>Yes</b> ___	<b>No</b> ___
<b>Light Wine by the Drink</b>	<b>\$ 75.00</b>	<b>Yes</b> ___	<b>No</b> ___
<b>Temporary Permit by the Drink</b> (7 days maximum)	<b>\$ 37.50</b>	<b>Yes</b> ___	<b>No</b> ___
<b>Tasting Permit</b>	<b>\$ 37.50</b>	<b>Yes</b> ___	<b>No</b> ___
<b>Caterers _ (One day License)</b>	<b>\$ 15.00</b>	<b>Yes</b> ___	<b>No</b> ___

The applicant hereby agrees if license is granted upon this application, that applicant or any officer, agent, employee, or servant of applicant will not violate any ordinance of the City while in or upon the premises of applicant herein described: nor any rule or regulation of the City of Belle, or knowingly allow any other person to do so.

The applicant hereby agrees that if applicant or any their employees shall violate any provision of the Ordinance of the City of Belle under which this application is made, or any ordinance of the City of Belle, or any rule or regulation of the Board of Alderman relating to the regulation, control, manufacture, brewing, sale, possession, transportation, and distribution of intoxicating liquor, the City, in its' discretion may suspend the operation of any license granted hereunder by said Board and during the time of such suspension, applicant hereby agrees to suspend the operation of business authorized by this application pending the investigation by the Board of Alderman of the violation by applicant of any ordinance of the City of Belle, or any said rules and regulations above mentioned of the Board of Alderman.

(Signature of Applicant)

- Name of Business: \_\_\_\_\_
- Business Address: \_\_\_\_\_
- Business Phone Number: \_\_\_\_\_
- Full Name of Owner(s): \_\_\_\_\_

- Date of Birth: \_\_\_\_\_
- Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Contact Name & Phone Number: \_\_\_\_\_
- State Liquor License # \_\_\_\_\_
- Have you ever had a license or permit from the Supervisor of Liquor Control revoked or suspended? Yes \_\_\_ No \_\_\_ If yes, describe below: \_\_\_\_\_

- Have you or your employees been convicted of any Liquor Law violation? Yes \_\_\_ No \_\_\_ If yes, describe below: \_\_\_\_\_

- Emergency contact if applicant cannot be reached  
Name \_\_\_\_\_ Number \_\_\_\_\_

**Total amount due \$** \_\_\_\_\_

Approved or Rejected: \_\_\_\_\_  
(Date) (Signature)