

City of Osage Beach  
 1000 City Parkway  
 Osage Beach, MO 65065  
 573-302-2000 Phone  
 573-302-2039 Fax  
 www.osagebeach.org



Police Dept: \_\_\_\_\_  
 Sewer Dept: \_\_\_\_\_  
 License #: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_  
 Check #: \_\_\_\_\_

### LIQUOR LICENSE RENEWAL APPLICATION

|                        |
|------------------------|
| Date of Application:   |
| Name of Establishment: |
| Physical Address:      |
| Applicant Name:        |

*As it appears on license. If corporation, name of corporation and managing officer.*

**Renewal applications submitted must have: Completed application and either have proper background check information or waiver of background check notarized.**

**Completed applications must be received by July 31<sup>st</sup>. Applications received after August 1 are subject to the following late fees: August 1 – August 30 - \$100 late fee; Sept. 1 to Sept. 31 - \$200 late fee; after October 1 - \$300 late fee.**

| Item | Fee    | License Description   | City Code |
|------|--------|---|-----------|
|      | 375.00 | Manufacture and distribution (not sales) of intoxicating malt liquor not more than 5% alcohol by weight.  | MDBWT     |
|      | 150.00 | Distribution or wholesale of intoxicating liquors not more than 5% alcohol by weight.   | DBLQWT    |
|      | 300.00 | Manufacture or distilling of intoxicating liquors in excess of 5% alcohol by weight.  | MLQWT     |
|      | 750.00 | Distribution or wholesale of intoxicating liquors in excess of 5% alcohol by weight.  | DLQWT     |
|      | 75.00  | Retail sales of intoxicating liquors not more than 5% alcohol by weight in original package to be consumed on premises. <b>(Includes Sunday Sales.)</b>                     | BPR       |
|      | 75.00  | Retail sales of intoxicating liquors not more than 5% alcohol by weight in original package <b>not to be consumed</b> on premises. <b>(Includes Sunday Sales.)</b>          | BPK       |
|      | 450.00 | Retail sales of intoxicating liquors in excess of 5% alcohol by weight to be consumed on premises.  | LDRK1     |
|      | 750.00 | Retail sales of intoxicating liquors in excess of 5% alcohol by weight to be consumed on premises <b>(Includes Sunday Sales.)</b>   | LDRK2     |
|      | 150.00 | Retail sales of intoxicating liquors in excess of 5% alcohol by weight in original package <b>not to be consumed or opened</b> on premises.                                 | LPKG1     |
|      | 450.00 | Retail sales of intoxicating liquors in excess of 5% alcohol by weight in original package <b>not to be consumed or opened</b> on premises. <b>(Includes Sunday Sales.)</b> | LPKG2     |
|      | 75.00  | Retail sales of malt liquor not more than 5% alcohol by weight /or light wines containing in excess of 14% alcohol by weight.   | BWDRK1    |
|      | 375.00 | Retail sales of malt liquor not more than 5% alcohol by weight /or light wines containing in excess of 14% alcohol by weight. (Includes Sunday Sales)                       | BWDRK2    |
|      | 300.00 | Sunday Liquor Sales   | LSUN      |
|      | 15.00  | *Caterer per day.   | CTLQDY    |
|      | 10.00  | *Picnic per day.  | PCLQDY    |
|      | N/C    | Change of managing officer.   | MGO       |
|      | N/C    | Wine tasting.   | WTG       |

- If applying for a Caterer or a Picnic License, describe the event in detail and provide the name, location, time and date of the event. \_\_\_\_\_

**Section A:**

**Application of:**  Owner  Co-Owner  Managing Officer

(If owner is not Managing Officer of the establishment, please indicate Co-Owner or Managing Officer)

|  |       |                      |               |
|--|-------|----------------------|---------------|
| Name:  |       |                      |               |
| Current Address:   |       |                      | How Long:     |
| Mailing Address:   |       |                      | Phone Number: |
| Date of Birth  |       | Place of Birth       |               |
| Driver's License #   |       | State of Issue       |               |
| Convicted within the last year of a felony? YES/NO                   |       | If yes – when/where: |               |
| Any changes in Partnership or Limited Liability Company Information? |       |                      |               |
| If Yes – Please detail   |       |                      |               |
| Please list Managers   | Name: | Driver's License #:  |               |
|  | Name: | Driver's License #:  |               |
|  |       |                      |               |

If the applicant so chooses to not submit criminal background records, the City of Osage Beach enacted Ordinance 19.72 which allows for criminal backgrounds to be waived if a notarized waiver and release has been signed.

*Notary Information:*

State of Missouri        }  
                                   ss  
 County of \_\_\_\_\_}

I, \_\_\_\_\_, hereby authorize the Police Chief or his designee to obtain a criminal record check and all such other information as may be available through the Missouri MULES system if at any time he/she feels it to be necessary. Any holder of a liquor license shall report any change of fact in their application within 10 days to the Liquor Control Board and submit such new waiver and release forms as such change make necessary.

\_\_\_\_\_  
 Applicant Signature  
 \_\_\_\_\_  
 Printed Name

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

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

Liquor Control Board members recommending approval:

|   |
|---|
| Police Chief: _____                     |
| Board of Alderman Representative: _____ |
| City Collector: _____                   |
| Planning Commission Chair: _____        |