



City of Chesterfield
690 Chesterfield Parkway West
Chesterfield, MO 63017
636.537.4714

Filing Instructions for Application for City of Chesterfield Liquor License

1. All questions on application must be fully answered and application must be notarized.
2. The following documentation must be submitted with the application:
 - A. Description of premises and attach drawing (floor plan) of area to be licensed (can be hand drawn)
 - B. Copy of registration of fictitious name with Missouri Secretary of State
 - C. If corporation, attach:
 1. State certification of good standing
 2. Articles of incorporation and bylaws
 3. Letter of authorization designating applicant as managing officer
 - D. Copy of business personal property and real estate tax receipt (applicable only if you own the building)
 - E. Voting certificate from St. Louis County Board of Election Commissioner or County where applicant resides
 - F. Copy of applicant personal property tax receipt
 - G. Certificate of No Tax Due from the Missouri Department of Revenue
 - H. Copy of City of Chesterfield Business License



City of Chesterfield
690 Chesterfield Parkway West
Chesterfield, MO 63017

Business Assistance Coordinator
Andrea Majoros
636.537.4714
amajoros@chesterfield.mo.us

Application for City of Chesterfield Liquor License

Application date _____

Name of Business (Including dba) _____

Liquor License displayed at (business address) _____

Phone number (____) _____ Missouri Sales Tax ID # _____

Contact Person _____ Email Address _____

Type of Liquor License Requested:

Monday through Saturday Liquor License Categories

_____ **\$450.00** Retail sale of all kinds of intoxicating liquor by the drink for consumption on premise where sold (includes package sales not to be consumed on premise where sold).

_____ **\$52.50** Retail sale of malt liquor (beer only) by the drink for consumption on the premise where sold (includes package beer sales not to be consumed on premise where sold).

_____ **\$52.50** Retail sale of light wine not in excess of 14% alcohol by weight by the drink for consumption on premise where sold.

_____ **\$150.00** Retail sale of all kinds of intoxicating liquor in original package, not to be consumed on premise where sold.

_____ **\$22.50** Retail sale of malt liquor (beer only) 5% by weight in original package, not to be consumed on premise where sold.

Add Sunday Liquor License

_____ **\$300.00** Retail sale on Sundays between the hours of 9:00 a.m. and midnight, of intoxicating liquor, as approved within the guidelines of your main liquor license. (Sunday liquor licenses are an extension of your weekly liquor license.)

Page 2
Liquor License Application

Applicant / Managing Officer:

Full Name of Managing Officer _____

Address of Managing Officer _____

City _____ State _____ Zip Code _____

Phone (____) _____ Email Address _____

Social Security # _____ Driver's License # _____

Date of Birth _____ Birthplace of Managing Officer _____

Previous addresses for last ten years of Managing Officer _____

Length of residence at current address _____

Do you have an interest in any liquor license which is now in force? _____

If so, give details _____

Have you previously held a liquor license of any type? _____

If so, when and where _____

Have you ever had a liquor license suspended or revoked? _____

If so, give details _____

Have you ever been arrested for a violation of any federal or state law? _____

If so, give details _____

Have you ever been convicted of a municipal or county ordinance violation? _____

If so, give details _____

Have you ever been convicted of any violation of a federal law, state statute or local ordinance relating to intoxicating liquor? _____

Page 3
Liquor License Application

Name, address, phone number and date of birth of all corporate officers or partners:
(attach additional sheet, if necessary)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of all stockholders/owners, date of birth and number of shares owned by each:
(attach additional sheet if necessary)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

