



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  
636.537.4714  
licensing@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).

\_\_\_\_\_ **\$75.00** 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).

\_\_\_\_\_ **\$75.00** 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.

\_\_\_\_\_ **\$75.00** 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 of intoxicating liquor, as approved within the guidelines of your primary liquor license.

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**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 \_\_\_\_\_

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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? \_\_\_\_\_

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**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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Application must be sworn to before a Notary Public**

STATE OF MISSOURI )  
 ) SS.  
COUNTY OF ST. LOUIS )

MANAGING OFFICER (please print) \_\_\_\_\_ of lawful age, being first duly sworn upon his/her oath, deposes and says that he/she is the managing officer of the corporation or partnership seeking license hereunder that he/she has read this application and fully understands same, and that the answers and statements contained therein are true.

\_\_\_\_\_  
Signature of Managing Officer

I hereby authorize any law enforcement agency, former employer, state agency, institution or private information bureau that any record or knowledge of my motor vehicle operation history or criminal history, to provide the City of Chesterfield such information.

Signature of applicant \_\_\_\_\_

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

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

My Commission Expires \_\_\_\_\_

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**For Office Use Only**

Police Chief Approval \_\_\_\_\_ Date \_\_\_\_\_

Planning & Zoning Dept Approval \_\_\_\_\_ Date \_\_\_\_\_