



City of Sedalia

Finance Department, Municipal Building
State of Missouri
200 S Osage, Sedalia, MO 65301 (660) 827-3000 ext 1129

APPLICATION FOR LIQUOR LICENSE

To the Mayor and The City Council of the City of Sedalia, MO:

I or WE hereby make application for the CITY LICENSE TO SELL non-intoxicating or intoxicating BEER or LIQUOR as

Sale Of _____ Amount \$ _____

Under the provisions of the Ordinances of the City of Sedalia, Missouri governing such sales.

Name _____ D/B/A _____

Business Address _____ Telephone Number _____

Mailing Address _____

S.S. # _____ Birth Date _____

Has license been suspended since last renewal? Yes No

If yes, please explain the circumstances of the suspension in detail on reverse side of form.

Missouri retail sales tax license no. (attach a copy of your sales tax license) _____

Residence Address _____

Length Of Your Residence In City Of Sedalia _____

Will Engage In Kind Of Business _____

Former Business _____

Location _____

Have You Ever Been Convicted Of A Felony _____

Description Of Property Or Place To Which This Application Applies _____

Dated at Sedalia, Missouri, this _____ day of _____

EMAIL ADDRESS _____

I do hereby certify the above information to be true and correct. I also certify that I am of good moral character and a qualified legal voter and a taxpaying citizen of the state of Missouri.

Signed: _____

By: _____