



# City of Sedalia

Office of City Collector, Municipal Building  
State of Missouri

200 S Osage, Sedalia, MO 65301 (660) 827-3000 ext 136

## 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 \_\_\_\_\_

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: \_\_\_\_\_

Returned to office of city collector (date) \_\_\_\_\_

NOTE: Please file all applications thirty (30) days previous to the Council Meeting at which said application is to be considered for approval.

\_\_\_\_\_ application for \_\_\_\_\_ sales of \_\_\_\_\_ amount \$ \_\_\_\_\_  
\_\_\_\_\_ passed and approved by the Council on \_\_\_\_\_ and  
LICENSE No. \_\_\_\_\_ issued and effective as of \_\_\_\_\_ for one (1) year.