



## LIQUOR LICENSE APPLICATION

I, the undersigned, do hereby apply to the City of Sikeston, for the license described below on the premises described below, for the purpose of inducing the City of Sikeston to issue me said license. I make the statements and answers hereinafter set out and understand and agree that if any statements or answers made herein are untrue, and the license herein applied for is granted, such license may be revoked by said City. I further affirm that I and all my employees are of good moral character and that if I, or any of my employees, shall violate the provisions of any ordinance of said City, or knowingly allow any other person to do so upon the licensed premises, that said City may revoke the license granted hereunder. Applicant further agrees that if the license is granted, inspection may be made in accordance with the law.

### Please complete the following:

1. Applicant: \_\_\_\_\_  
(If partnership see page 2, for a corporation see page 3.)
2. Applicant's Address: \_\_\_\_\_  
Street/P.O. Box  
\_\_\_\_\_  
City State Zip Code  
Email Address: \_\_\_\_\_
3. Cell Phone: \_\_\_\_\_
4. Social Security Number or FEIN: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_
6. Missouri Tax Identification Number: \_\_\_\_\_
7. Position: \_\_\_\_\_ Owner \_\_\_\_\_ Manager \_\_\_\_\_ Managing Officer (Corporation)
8. Type of License(s) Sought: \_\_\_\_\_  
\_\_\_\_\_
9. Address/Location of Premises: \_\_\_\_\_
10. Name of Business: \_\_\_\_\_
11. Owner of Premises: \_\_\_\_\_

12. If applicant is not the owner of the premises then state the nature of applicant's interest in the premises: \_\_\_\_\_

A fully executed copy of the written lease must be attached or all owners must sign the application.

13. Attach a listing of the dates and places of all revocations of liquor and non-intoxicating beer licenses and all convictions of any law or ordinances applicable to the manufacture or sale of intoxicating liquor or non-intoxicating liquor since the ratification of the twenty-first amendment to the Constitution of the United States, if any.

14. I affirm that the premises conform to all State laws and City ordinances relating to signs, doors, windows, and related requirements.

15. I have read and fully understand the above statements and answers and fully understand all ordinances concerning and relating to the sale of alcoholic beverages.

16. Signature of Applicant: \_\_\_\_\_

17. Signature of Owner of Premises: \_\_\_\_\_  
(Not required if written lease is attached.)

**PARTNERSHIP**

LIST THE NAMES AND ADDRESSES OF ALL PARTNERS:

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**CORPORATION**

**PRESIDENT**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

**VICE-PRESIDENT**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

**SECRETARY**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

**TREASURER**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

A processing fee of fifteen dollars (\$15.00) must accompany this application, payable to the City of Sikeston.

A Criminal Record Check is required. You may either provide it or the City will obtain one for you. If you want the City to process your criminal history, complete the attached Request for a Criminal Record Check. Return it, along with the application and an additional fifteen dollars (\$15.00). You may write one check for both the application fee and background check.

The fee for your liquor license will be one and one-half (1 ½) times the amount charged by the State of Missouri.

Prior to your license being issued, a building inspection by the Code Enforcement Division is required. A business license application/building inspection form can be obtained from the Office of the City Collector or by calling 573-471-2511.

The City Treasurer will issue a letter of approval that will be forwarded to the Division of Liquor Control. Once you have obtained your State liquor license, bring it, or a copy, to the City Collector and when your building has passed inspection, your license(s) will be issued.

If you have any questions, contact City Treasurer Karen S. Bailey at 573-471-2511 or via e-mail at [ksbailey@sikeston.org](mailto:ksbailey@sikeston.org).

Please note: This application process is for the City of Sikeston, only. You must contact the Division of Liquor Control for a State License.

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**FOR OFFICE USE ONLY**

Filed the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, in the office of the City Treasurer.

Signature of city official: \_\_\_\_\_

Title of city official: \_\_\_\_\_

Filing fee received: \_\_\_\_\_ By: \_\_\_\_\_

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

Date issued: \_\_\_\_\_ By: \_\_\_\_\_

License/receipt numbers: \_\_\_\_\_



**MISSOURI STATE HIGHWAY PATROL  
REQUEST FOR CRIMINAL RECORD CHECK**

SHP-158K 08/07

PLEASE PRINT OR TYPE.

**GENERAL INFORMATION**

NAME	LAST	FIRST	MIDDLE	JR / SR
MAIDEN / ALIAS	LAST	FIRST	MIDDLE	JR / SR
SEX	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER		RACE
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				<input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN
ADDRESS	STREET - P.O. BOX	CITY	STATE	ZIP CODE
ENTITY TYPE	PURPOSE FOR REQUEST			
<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEDERAL	<input type="checkbox"/> EMPLOYMENT <input checked="" type="checkbox"/> LICENSING <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER (specify)			

**TYPE OF RECORD CHECK - PROCESSING FEE - METHOD OF PAYMENT**

(per Sections 43.527 and 43.530, RSMo.)

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|--|--|
| <input checked="" type="checkbox"/> <b>\$10.00 NAME SEARCH</b><br>Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER. Response will be returned with all open records and records of conviction. | <input type="checkbox"/> <b>\$20.00 FINGERPRINT SEARCH</b><br>Based on APPLICANT FINGERPRINT CARD. Response will be returned with complete records to the individual or qualifying entity. |
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Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."

**MSHP / CENTRAL REPOSITORY RESPONSE**



**FORWARD TO - SEND REPLY TO**

Please forward the request and fee to:

**Missouri State Highway Patrol  
Criminal Records and Identification Division  
Post Office Box 9500  
Jefferson City, MO 65102**

**SEND REPLY TO** (Print or type your mailing label below.)

Telephone (include area code) (573) 475-3712

**KAREN S. BAILEY, CITY TREASURER**

**105 EAST CENTER STREET**

**SIKESTON, MISSOURI 63801**

## **Criminal Records and Identification Division General Information**

The Missouri Criminal Records Repository (MCRR), collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by 43.500 and 589.400 RSMo.

Criminal History Record Information is information collected by criminal justice agencies on individuals consisting of arrests, prosecution, a final disposition, correctional supervision, and release. All felony and serious misdemeanor arrests (referred to as reportable arrests) including offender registration information as defined under 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal history records are designated as open or closed.

- Open records

1. arrest record for 30 days following arrest.
2. arrest record for which charges have been filed.
3. court disposition of guilty.
4. suspended imposition of sentence during probation period.

- Closed records

1. arrest record after 30 days following arrest.
2. nolle prossed.
3. dismissed.
4. found not guilty.
5. suspended imposition of sentence after probation completed.

- Closed records are accessible to certain groups designated in section 610.120, RSMo.

- MCRR will only release closed records to those noncriminal justice entities entitled to closed records, when the criminal record check is based on a fingerprint search which will assure the identity of the subject in question.
- Any person can receive their own record, open and closed, by submission of fingerprints and required fee.

Any requester may receive open record information.

Closed records are accessible by the following, in accordance with 610.120 RSMo, with the submission of fingerprints and required fee.

### FBI Record requests

- The FBI files are open to criminal justice agencies for the administration of criminal justice.
- The FBI has only open files in that if someone has the authority to receive the records, they receive all that is on file.
- The FBI allows access to their files to noncriminal justice agencies for certain purposes for a fee.
  - The purpose for the record check must be set forth in the federal regulations.
  - The state, from which the noncriminal justice request originates, must have a state statute specifying the entity has state authority to check the FBI files for the purpose specified.
  - Fingerprints must be submitted before the FBI will release their files to a noncriminal justice entity.
  - The result of the federal record search must terminate at a governmental agency and is not to be released to a private entity.
- All requests into the federal file from the state entities must come through and be stamped by MCRR.
- Effective 10-01-2007, Federal record checks for noncriminal justice entities are \$19.25 for licensing or employment checks and \$15.25 for volunteers to those covered care facilities.

**PENALTY** - A person who knowingly violates any provision of section 43.532, 43.540, 610.100, 610.105, 610.106, or 610.120 is guilty of a class A misdemeanor.