

**CITY OF WESTON, MISSOURI
APPLICATION FOR LIQUOR LICENSE**

Date: _____

Business Name

Owner/Managing Officer's Name

hereby applies for a license for:

at: _____

for a term ending _____ .

Said applicant states that he/she has not been convicted of any violation of provisions of law applicable to the manufacture and sale of intoxicating liquor; that no license issued to him/her for the sale, manufacture or disposition of intoxicating liquor has ever been revoked; that he/she will at all times keep an orderly place of business; that he/she is familiar with the provisions of the Liquor Control Act of the State of Missouri and the ordinances of the City of Weston pertaining to the sale, manufacture and disposition of intoxicating liquor and that he/she understands that unless he/she complies with said laws and ordinances and keeps an orderly place of business, his/her license may be revoked by the Board of Aldermen of the City of Weston, Missouri. A copy of the application for the state new/renewal license is attached. All statements contained in said application are true and correct.

Applicant's Signature

Received on _____

City Clerk

For liquor by the drink businesses, please list present employees:

_____	_____
_____	_____
_____	_____
_____	_____

**A COPY OF YOUR STATE LICENSE MUST BE GIVEN TO CITY HALL TO
COMPLETE YOUR LIQUOR LICENSE APPLICATION**