

CITY OF ROCK HILL

Application Instructions for Liquor License(s)

All Applicants are to submit the following (*check-list for all applications*)

- 1) Rock Hill Liquor License application completed in full with all necessary attachments.
- 2) Check for the appropriate fee.
 - a. Fees are to be paid in full at the time of application.
 - b. Pro-rated fees will apply if application is made mid-year. The applicant shall pay the pro-rated amount for the remaining months of the year.
- 3) A Certificate of Insurance for \$1,000 (*applies to “original package” applicants only*)
- 4) Completed Applicant Release form for each applicable person. *See Attachment A*, (requires additional sheets, which are listed within the attachment)
 - a. Any application by a partnership, joint venture or group other than a corporation, shall submit a list of all individuals who are members of said partnership, joint venture or group along with an Applicant Release form for each individual listed.
 - b. Any application by a corporation shall include names and addresses of its registered agent, officers of the corporation, and directors of the corporation. Additionally, an Applicant Release form for each of the officers and directors of the corporation must be submitted, as well as a Criminal History Background Check from the Missouri State Highway Patrol. This can be completed online at <https://www.machs.mshp.dps.mo.gov>.
- 5) Proof of paid taxes for any taxes owed to the City.
 - a. If the business owns its location and/or has a business vehicle(s), proof of payment of the associated taxes is required to be submitted with the application.
If an applicant (individual, partner or corporate officer) is a Rock Hill resident, proof of the individual personal property as well as real estate taxes are also required.
 - b.
- 6) “No Tax Due” letter from the Department of Revenue. Copies of the letter can be printed from <https://dors.mo.gov/tax/notaxdue/>

Due Date:

Liquor Licenses must be reviewed & approved by the Board of Alderman prior to issuance. Contact the City Clerk at 314-968-1410 for the deadline to be placed on the agenda.

Change of status:

The applicant is required to notify the city of any changes of management or ownership or other pertinent information as soon as possible. A change in ownership requires a new application with related review and approval. Liquor licenses are nontransferable.

Expiration Date:

Liquor licenses expire annually on June 30th.

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APPLICATION FOR LIQUOR LICENSE

The undersigned respectfully makes application for a license to sell:

(Check all that apply)

General Licenses

	<u>Yearly Fee</u>	<u>Description</u>
()	\$75.00	ORIGINAL PACKAGE MALT LIQUOR The retail sales of malt liquor not to be consumed on the premises where sold. License includes Sunday sales.
()	\$150.00	ORIGINAL PACKAGE LIQUOR The retail sale of all liquor not to be consumed on the premises where sold. License includes malt liquor sales.
()	\$75.00	MALT LIQUOR BY THE DRINK The retail sale of malt liquor for consumption on the premises where sold. License includes Sunday sales.
()	\$75.00	MALT LIQUOR AND LIGHT WINE BY THE DRINK The retail sale of malt liquor and light wine for consumption on the premises where sold. License includes original package sales of malt liquor and malt liquor by the drink sales.
()	\$450.00	RETAIL LIQUOR BY THE DRINK The retail sale of all liquor to be consumed on the premises where sold. License includes package sale of all liquor including malt liquor.

Sunday Sales

()	\$300.00	ORIGINAL PACKAGE LIQUOR (SUNDAY) The retail sale of all liquor not to be consumed on the premises where sold.
()	\$300.00	LIQUOR BY THE DRINK-RESTAURANT BAR The retail sale of all liquor to be consumed on the premises of the restaurant bar where sold.
()	\$300.00	LIQUOR BY THE DRINK-AMUSEMENT PLACE The retail sale of all liquor to be consumed on the premises of the amusement place where sold.

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Temporary Permits

- () **\$37.50** **LIQUOR BY THE DRINK-CERTAIN GROUPS
(EXCLUDES SUNDAY)**
The retail sale of all liquor, except on Sunday, to be consumed on the premises of certain groups as listed in Section 600.030C (1) where sold. 7 days max.
- () **\$300.00** **LIQUOR BY THE DRINK-CERTAIN GROUPS
(SUNDAY SALES)**
Sunday retail sales of all liquor to be consumed on the premises of certain groups as listed in Section 600.030C (1) where sold.
- () **\$37.50** **TASTING PERMITS**
A permit to conduct wine, malt beverage and distilled spirit tastings on the premises. Applicant must have a valid liquor license per Section 600.020D (2).
- () **\$15.00/day** **CATERERS**
The sale of liquor for a function or event held a location other than the normally licenses premises. Applicant must have a valid “Retail Liquor by the Drink” license.

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PLEASE PRINT LEGIBLY

1. BUSINESS INFORMATION:

Do you have a valid Rock Hill City Business or Merchant License? Yes No

Is the Business a: Sole owner/operator Partnership Corporation

Name of Business _____

Address of Business _____

Mailing Address (if different from above) _____

Business Phone Number _____

Missouri Sales Tax Number _____

Description of Premises with photos (*only for new applicants*) _____

2. APPLICANT INFORMATION:

Name _____

Date of Birth _____

Home Address _____

Home Phone _____ Business Phone _____

3. INFORMATION OF MANAGER OF PROPOSED BUSINESS: (*if other than applicant*)

Name _____

Date of Birth _____

Home Address _____

Home Phone _____ Business Phone _____

4. IF APPLICATION IS FOR A NEW RESTAURANT:

Applicant states that the gross sales of wares and merchandise, exclusive of intoxicating liquors, tobacco and lottery tickets exceeds fifty percent (50%) of the business' gross sales; **each application for a license shall be accompanied by appropriate records of the business documenting compliance with said provision.**

5. ANY INDIVIDUAL OR PARTNERSHIP APPLICANT OR THE MANAGER OF PROPOSED BUSINESS ON BEHALF OF A CORPORATE APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Taxpaying Citizen of the State of Missouri Yes No

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6. IF AN INDIVIDUAL, ANSWER THE FOLLOWING ITEMS AS TO YOURSELF; IF A CORPORATION OR PARTNERSHIP, ANSWER THE FOLLOWING ITEMS IN TERMS OF THE CORPORATION, PARTNERSHIP, ANY STOCKHOLDER, OFFICER AND MANAGING OFFICER (*attach additional sheets as necessary*)

a. Do you have any interest in a liquor license other than that which is under review? If so, please describe in detail: _____

b. Have you previously held a liquor license of any type? If so, when and where: _____

c. Have you ever had a liquor license suspended or revoked? If so, please describe in detail:

d. Has any individual, to be licensed on the premises, had a liquor license suspended or revoked? If so, please describe in detail: _____

e. Have you ever been convicted of any violations of federal law, state statute, or local ordinances relating to intoxicating liquor? If so, describe in detail: _____

f. Has any individual, to be employed on the licensed premises, ever been convicted of any violation of federal law, state statute, or local ordinance relating to intoxicating liquor? If so, please describe in detail: _____

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APPLICATION MUST BE SWORN BEFORE A NOTARY PUBLIC

STATE OF MISSOURI)

)SS.

COUNTY OF ST. LOUIS)

Comes now _____ (name) being of lawful age, being first duly sworn upon oath, and states that he/she has read the foregoing application and fully understands the same, and that the answers and statements given by him/her are true and correct, and that he or she is authorized to sign this application on behalf of the named business.

Further, applicant agrees to comply with the provisions of the ordinance of the City of Rock Hill, Missouri, relating to the manufacture, brewing, sale and distribution of intoxicating liquor and malt liquor.

Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public

My commission expires: _____

FOR OFFICE USE ONLY

Police Dept. Approval _____ Date _____

City Clerk Approval _____ Date _____

Board of Alderman Approval _____ Date _____

CITY OF ROCK HILL

Attachment A

APPLICANT RELEASE FORM

I agree, by signing this document, that the City of Rock Hill Police Department is authorized to visit my fitness for a liquor license. I also agree that any member of the Rock Hill Police Department or other officers of the city are authorized to make inspections of my establishment after the issuance of said liquor license for the purpose of determining compliance with the laws of the State of Missouri and the of City of Rock Hill.

Within ten (10) days of the application, I shall furnish to the City of Rock Hill a recent photograph of me together with a photograph of the business premise exterior described on the application. (*Applicable only to new license applications*)

I understand and agree that if any statement of answers in the attached application is untrue or if I fail to comply with the laws of the State of Missouri and the City of Rock Hill pertaining to liquor, any license issued upon this application may be suspended or revoked.

Signature of the Applicant

Date

Attach a copy of applicant's driver's license

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MISSOURI

REQUEST FOR MASSAGE THERAPY, SOLICITOR, CANVASSER OR LIQUOR LICENSE APPROVAL

CHOOSE ONE: LIQUOR LICENSE EMPLOYMENT SOLICITOR/CANVASSER LICENSE

1. PLEASE PRINT:

LAST NAME _____ FIRST NAME _____ MIDDLE _____

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ AGE _____

DATE OF BIRTH _____ CITY AND STATE OF BIRTH _____

CURRENT ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE NUMBER _____

NAME OF BUSINESS/ORGANIZATION: _____

BUSINESS/ORGANIZATION'S PERMANENT ADDRESS: _____

2. APPLICANT MUST SUPPLY A STATE-ISSUED PHOTO ID.

3. ALL APPLICANTS MUST OBTAIN A CRIMINAL HISTORY BACKGROUND CHECK THROUGH THE MISSOURI HIGHWAY PATROL AND SUBMIT IT WITH THIS APPLICATION. THIS CAN BE DONE ONLINE

AT <https://www.machs.mshp.dps.mo.gov>.

4. HAVE YOU EVERY BEEN CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION? PLEASE EXPLAIN (INCLUDE THE COURT IN WHICH THE CONVICTION WAS OBTAINED AND THE SENTENCE IMPOSED).

APPLICANT SIGNATURE

DATE

PROCESSED BY: _____ DSN: _____ DATE: _____

RECOMMENDED/ NOT RECOMMENDED BY THE CHIEF OF POLICE (DATE) _____