



P.O. Box 370
Kimberling City, Missouri 65686
417-739-4903 • Fax 417-739-2752
www.ckcmo.com

Liquor License Application Process

Your liquor license must be approved by the Kimberling City Board of Alderman before your application for a liquor and business license will be processed.

Board of Alderman meetings are once a month so once you are sure you will be needing a liquor license you will need to contact the Kimberling City, City Clerk to check the next available meeting date, and the day she will need the paperwork from you so your item can be added to the agenda.

Barb Hubbard
Kimberling City, City Clerk
417-739-4903 Phone
417-739-2752 Fax
Cityclerk@ckcmo.com

Once you know the date to have the information to us by, you will need to go online to the Missouri State Alcohol & Tobacco Control website and print off the State of Missouri application. The website is atc.dps.mo.gov/licensing

Once the application is filled out (before you turn this in to the state) you will need to send a copy of the application to the City Clerk. This is what she will present the Board of Alderman for your liquor license.

Once the Board of Alderman approves your application you will receive a Letter of Intent from Kimberling City. This gets placed with your state application and mailed to the State of Missouri. **DO NOT** send your state application without this letter, without it the application cannot be processed and you risk getting it lost in the shuffle.

Once you receive your State of Missouri Liquor License in the mail, you will need to contact Stone County to obtain your county license and bring a copy to our office with the business license application, Missouri Retail Sales License, and Kimberling City Liquor application. Your applications will be processed, and all licenses will be issued at the same time.

If you have any questions about this process, please contact the City Clerk using the information listed above.



P.O. Box 370
Kimberling City, Missouri 65686
417-739-4903 • Fax 417-739-2752
www.ckcmo.com

LIQUOR LICENSE
APPLICATION

Received By: _____

Business Corporation/LLC: _____

Business Name (DBA): _____

Physical Address:

Mailing Address:

Business Classification: _____

Business Phone: _____ Business E-Mail: _____

Ownership Name, Address, Phone number
(if not enough space provide information on another sheet of paper)

Managing Officer Information:

Full Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Contact Phone: _____ E-Mail: _____

Place of Birth: _____

Have you been convicted of a felony, if yes explain: _____



P.O. Box 370
Kimberling City, Missouri 65686
417-739-4903 • Fax 417-739-2752
www.ckcmo.com

LIQUOR LICENSE TYPE:
(Check all that Apply)

- Retail Liquor by the Drink- Restaurant
- Retail Liquor by the Drink- Resort
- Sunday by the Drink
- 14% Malt Liquor & Light Wine
- 5% Original Package Beer
- Package Liquor Sunday
- 5% Light Beer & Wine by the Drink

Description of place of business where liquor will be sold:

Hours of operation: _____

Missouri Retail Sales License Number: _____
(Copy of certificate with Kimberling City address on it is required)

Business License Number: _____

I (the undersigned) have answered all questions on the application, and to the best of my knowledge, all answers are true and correct. I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the license has been obtained.

Signature: _____ Date: _____

Driver's License Number: _____ Expiration: _____ State of Issuance _____

Office Use:
Date Received: _____, License Numbers: _____

Copy of Voters Registration Managing Officer: _____
Copy of Paid Pers/Real Tax For Managing Officer: _____
No Tax Due From DOR: _____
Copy of State Liq License: _____
Copy of County Liq License: _____

Fee Paid: _____ Check # _____ Receipt # _____