



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

June 1, 2017

Liquor License Renewal:

Attached is the renewal paperwork for your City of Kimberling City liquor license. Please fill out the paperwork and return it with all documents required and the required payment. Once all paperwork is returned your renewed licenses will be mailed to you.

Be aware your current licenses for State, County, and City will expire June 30, 2017 so all renewals need to be completed by that date to avoid any interruption with liquor sales.

Below is a check list of items that will need to be returned with the renewal application. If you have any questions please contact our office at 417-739-4903 or e-mail Kimberlingcity@ckcmo.com.

Liquor renewal checklist:

- Completed, and signed application.
- Payment of license fees. If you have questions about how much to send please contact our office.
- A 'no tax due' statement from the Missouri Department of Revenue for the business
- A copy of the voter's registration card for the managing officer
- A copy of the paid personal/real estate tax for the managing officer
- A copy of the Stone County renewed liquor license
- A copy of the State of Missouri renewed liquor license



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LIQUOR LICENSE
APPLICATION

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: _____



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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 # _____ Received By: _____