

CITY OF ARCADIA
150 W. Orchard
Arcadia, MO 63621

COST: \$100.00 each license
DATE PAID: _____

LIQUOR LICENSE APPLICATION/RENEWAL

Please mark the appropriate classification:

_____ NEW APPLICANT

_____ RENEWAL

PLEASE MARK THE LICENSE FOR WHICH YOU ARE APPLYING FOR:

- _____ BY THE DRINK, FOR CONSUMPTION ON THE PREMISES
_____ MALT LIQUOR BY THE DRINK FOR COMSUMPTION ON THE PREMISES
_____ LICENSE FOR A RETAURANT BAR
_____ LICENSE FOR A SPECIAL PERMIT FOR SUNDAY RETAIL SALES
_____ RETAIL/PACKAGE
_____ LICENSE FOR TEMPORY PERMIT BY THE DRINK (\$10.00 each day)

I, _____, the undersigned, on this _____
day of _____, 20____, do hereby make application for license
authorizing the below stated business to engage in the sale of liquor and agree to pay
the appropriate license fee as set forth by the City of Arcadia.

Signature of Applicant Date

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

STATE LICENSE NO. _____

FOR NEW APPLICANTS

APPROVED BY:

BOARD OF ALDERMEN:

DATE OF BOARD MEETING: _____

MAYOR

CITY CLERK

A BACKGROUND CHECK MAY BE REQUIRED PRIOR TO APPROVAL FOR NEW APPLICANTS.

REVISED 10/14/10