



117 S. Main St.
 Fayette, MO 65248
 Phone (660)248-5246 Fax (660)248-3502

Date	
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Liquor License Application

New Renewal

BUSINESS INFORMATION			
Name of Business (Corporate name)		DBA	
Location (Street Address)		City / State / Zip	
Mailing Address (if different than location)			Tax ID #
Main Business Phone	Cell Phone	Cell Phone (Other)	
Email address		Owners name	

TYPE OF LICENSE REQUESTED					
Sale of liquor by the drink for consumption on the premises	\$ 500.00	<input type="radio"/>	Liquor in original package not for consumption on premises where sold	\$ 100.00	<input type="radio"/>
Malt liquor by the drink for consumption on premises where sold	\$ 50.00	<input type="radio"/>	Malt liquor in original package not for consumption on premises where sold	\$ 20.00	<input type="radio"/>
Liquor by the drink between 9:00 am and Midnight on Sunday, for consumption on the premises where sold or retail in the original package	\$ 200.00	<input type="radio"/>	Wholesale Liquor (more than 5% alcohol)	\$ 400.00	<input type="radio"/>
Malt liquor and Light Wine by the drink for consumption on premises where sold	\$ 60.00	<input type="radio"/>	Wholesale Malt liquor (no more than 5% alcohol)	\$ 100.00	<input type="radio"/>

SIGNATURE REQUIRED	
<i>The above information is true and correct concerning said business under consideration</i>	
_____ Signature	_____ Printed Name
<i>Application must be signed by a Business Owner or Manager Officer of the Company</i>	

DOCUMENTS REQUIRED	
Provided a copy of Certificate of State Liquor License	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPLETED BY THE CITY OF FAYETTE	
License Fee amount \$ <input style="width: 80px;" type="text"/>	Filled with the City Clerk on _____
Cash <input type="checkbox"/> CC <input type="checkbox"/> Check <input type="checkbox"/> # _____	_____ City Clerk Signature