

**City of Cassville  
300 Main Street  
Cassville, Missouri 65625  
(417) 847-4441**

**Liquor License Application**

Date of Application: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

New Business or Change of Ownership: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

County of Residence: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of License Applied For: \_\_\_\_\_

Does the License include Sunday Sales?    Yes      No

I hereby certify that I am a citizen of the United States, and a qualified legal voter and a taxpaying citizen of the State of Missouri, and of good moral character, and that I have not been convicted since the ratification of the twenty-first (21<sup>st</sup>) Amendment of the Constitution of the United States of a violation of the provisions of any law of the State of Missouri relating to the manufacture or sale of intoxicating liquor, nor do I employ any person who has been so convicted, nor has my license heretofore granted me for the sale of intoxicating liquor or heretofore granted to any employee of mine been revoked since the date last aforesaid. It is expressly understood and agreed by me that the license issued hereunder shall not be effective until I have applied for and been granted a license by the Supervisor of Liquor Control of the State of Missouri, the City of Cassville is given a copy and all fees associated with a Liquor License in the City of Cassville have been paid and a certificate issued to be posted at the business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date