

**APPLICATION FOR RETAILER'S LICENSE
FOR SALE OF INTOXICATING LIQUOR**

Date of Application _____

Kind of License _____

To the Honorable County Court of Johnson County, Missouri:

The undersigned, _____

doing business as _____
(firm name)

hereby makes application for a permit to sell _____

_____ at _____
(business location)

In the City of _____ and County of Johnson in the State of

Missouri, for one year ending _____, 20__ under and subject to the provisions of The Liquor Control Act passed by the 57th General Assembly in extra session, approved January 13, 1934, and acts amendatory thereto relating to the regulation, control, manufacture, brewing, sale, possession, transportation and distribution of intoxication liquor.

Applicant hereby agrees if permit is granted _____ upon this application, that applicant or any officer, agent, employee or servant of applicant will not violate any law of the State of Missouri, or knowingly allow any other person to violate any law of this state while in or upon the premises of applicant herein described; nor any rule or regulation of the Supervisor of Liquor Control of Missouri, or knowingly allow any other person so to do.

Applicant hereby agrees that if applicant or any of _____ employees shall violate any provisions of the Act of the General Assembly of Missouri under which this application is made, or any other law of the State of Missouri, or any rule or regulation of the Supervisor of Liquor Control relating to the regulation, control, manufacture, brewing, sale, possession, transportation and distribution of intoxicating liquor, the Supervisor in his discretion, may suspend the operation of any permit granted hereunder by him, and during the time of such suspension, applicant hereby agrees to suspend operation of the business authorized by this application pending the investigation by the Supervisor of the violation by applicant of any law of Missouri or any of said rules and regulations above mentioned of the Supervisor.

(firm name)

By _____

DB _____ License _____ Minutes _____

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the within document and acknowledged to me that _____ executed the same for the purposes therein stated.

_____, Notary Public

MY TERM EXPIRES: _____