

# VILLAGE OF COUNTRY CLUB

KERRI KRUMME CITY CLERK  
6601 NO. BELT HIGHWAY  
COUNTRY CLUB, MISSOURI 64506  
PHONE: 816 232-4621  
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## BOARD OF TRUSTEES

CHAIRMAN	ASHLEY ALBERS
VICE-CHARMAN	TAMMY O'MEARA CHAMBERS
	GARY CHAMBERS
	JOSHWEAVER
	PATTI LONG

## APPLICATION FOR A LIQUOR LICENSE

**DUE TO CHANGES IN STATE LEGISLATION, MORE INFORMATION IS REQUIRED FOR LICENSES. NO LICENSE WILL BE ISSUED UNTIL ALL REQUESTED INFORMATION IS PROVIDED AND ANY LICENSE ISSUED WITHOUT REQUIRED INFORMATION OR ON THE BASIS OF INACCURATE OR FALSE INFORMATION IS INVALID.**

Please Circle:  New or  Renewal

### **EXISTING BUSINESSES:**

The following statement is acknowledged by your signing and dating: I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which this license has been obtained. E-Verify is an Internet based system operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of the business' newly hired employees. I acknowledge E-Verify is available for my business use.

I verify that the applicant, officer, director or any shareholder has never been convicted of a felony or of any distribution, sale or possession of any controlled substance or dangerous drugs.

**FOR YOUR INFORMATION** You must obtain a **STATE LIQUOR LICENSE**. You can contact the Division of Alcohol & Tobacco Control at 816-889-2574 or download the application at [www.atc.dps.mo.gov](http://www.atc.dps.mo.gov). The City will release letter of intent or approval but will not release the liquor license until we have copy of State liquor license. You will also need to contact the Buchanan County Court House for a liquor license and business license.

I verify the applicant is a native born or naturalized citizen of the United States.

\_\_\_\_\_  
Print Name of Authorized Person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Business Information

Name of Business: \_\_\_\_\_  
Missouri Tax ID Number \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business City, State, Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Fax: \_\_\_\_\_

Person Making Application: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

### REQUIRED ATTACHMENTS:

Applicant must furnish a photo ID of business owner or authorized employee.

Print Name on ID:

Expiration Photo ID:

If mailing in application, enclose a copy of id.

### No Tax Due Certificate

Applicant must furnish a Certificate of No Tax Due from the Dept. of Revenue if not already listed. No Tax Due is required for any issuance of renewal or business licenses per State Sections 144.010 to 144.510 or sections 143.191 to 143.261, RSMo.

### How do I obtain a certificate of no tax due?

A certificate of no tax due can be obtained from the Missouri Department of Revenue for sales/use, withholding, individual income and/or corporation income taxes or any combination of these taxes.

A sales/use tax certificate of no tax due is currently required to renew a liquor license, obtain fireworks permit or renew or obtain a city business license.

Sections [144.150](#) and [143.241](#) require that before a business contracts to sell all or substantially all of a business, the seller shall request from the Director of Revenue a certificate of no tax due to present to the purchaser prior to the consummation of the sale. Failure to comply shall result in the seller being liable for an additional penalty equal to 25% of the seller's delinquency at the time of sale.

Until a certificate of no tax due is presented the purchaser is required to withhold an amount of the purchase money sufficient to cover the taxes, interest, additions to tax or penalties due and unpaid. If the purchaser fails to withhold the purchase money and remit at the time of purchase all amount so withheld to the director to pay all unpaid taxes, interest, additions to tax and penalties due from the former owner, the purchaser shall be personally liable for the unpaid amounts of the former owner of the business.

Department of Revenue Offices:

### Department of Revenue Offices:

#### St. Joseph

525 Jules, Room 314  
St. Joseph, MO 64501  
Phone: (816) 387-2230  
Fax: (816) 387-2008  
Email: [stjtax@dor.mo.gov](mailto:stjtax@dor.mo.gov)

#### Kansas City

615 E 13th St., Room 127  
Kansas City, MO 64106  
Business Taxes: (816) 889-2944  
Fax: (816) 889-2876  
Email: [kctax@dor.mo.gov](mailto:kctax@dor.mo.gov)

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**Please check the box for each item that applies to you.**

### SECTION 600.040: SCHEDULE OF LICENSE FEES

A. The following categories and subcategories of licenses shall be issued upon compliance with the provisions of this Chapter and payment of the license fee indicated:

#### A.1. General licenses.

- A.1.a. Malt liquor – original package ..... \$ 50.00
- A.1.b. Non-intoxicating beer – original package ..... 15.00
- A.1.c. Intoxicating liquor (all kinds) – original package ..... 100.00
- A.1.d. Malt liquor and light wines – by drink ..... 50.00
- Non-intoxicating beer – by drink..... 25.00
- Intoxicating liquor (all kinds) – by drink..... 300.00

#### A.2. Sunday sales. (Additional fees)

- A.2.a. Intoxicating liquor – original package ..... 200.00
- A.2.b. Restaurant bars..... 200.00
- A.2.c. Amusement places ..... 200.00
- A.2.d. Liquor by the drink – charitable organizations ..... 200.00

#### A.3. Permits.

- A.3.a. Temporary permit – by the drink for certain organizations (7 days max.)25.00
- A.3.b. Tasting permit ..... 25.00

Of the license fee to be paid for any such license, the applicant shall pay as many twelfths (12ths) as there are months (part of a month counted as a month) remaining from the date of the license to the next succeeding July first (1st).

B. *No Refund for Unexpired Term of License.* No refund shall be made for any unexpired term of any license issued under this Chapter. (Ord. No. 279 §8, 4-12-94)

**Checks made payable to Village of Country Club**

**Total Due:** \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant