

**CITY OF BRANSON**  
**INSTRUCTIONS FOR ORIGINAL LIQUOR LICENSE APPLICATION**

- 1. All questions on application must be fully answered and application must be notarized.**
- 2. The following documentation must accompany the completed application:**
  - a. If a Corporation, Limited Liability Corporation (LLC), or Limited Partnership attach:
    - (1) A copy of a Certificate of Good Standing from the Missouri Secretary of State
    - (2) A copy of Articles of Incorporation or Organization as required by the state
    - (3) Letter of authorization on company letterhead designating an individual as the local Managing Officer and duties for the Branson business for which the Liquor License is being applied for;
  - b. A current city business license or a completed city business license application;
  - c. Non-refundable application fee.
- 3. The following must occur before the City of Branson will provide a Letter of Intent to the applicant to submit to the Mo. Division of Alcohol and Tobacco Control to begin the State licensing process:**
  - a. Approval of the application by the Taney County Health Department;
  - b. Approval of the application by the City of Branson's Planning and Zoning Department;
  - c. Approval of the application by the City of Branson's Police Department;
  - d. Receipt of Missouri State Highway Patrol Background Reports for each person in Section I and II of the enclosed application dated within 60 days of application date;
  - e. Review and approval of the application by the liquor control specialist;
  - f. Payment to the City finance department for all taxes due the city (including any penalties & interest) and for any services (i.e. water, sewer) provided by the City;
  - g. Copy of most recent year's paid business personal property tax receipt for the business, managing officer, owner, member, and each partner;
  - h. Copy of county voter registration cards or certificates for each person listed in Sections 1 and 2;
  - i. Two passport size photographs of the Managing Officer (two color copies of drivers license is acceptable).
  - j. A color copy of a Missouri driver's license of the managing officer.
- 4. The following items must be submitted to the City after the Letter of Intent has been issued and after State Liquor license approval before the City liquor license will be issued:**
  - a. Current "Certificate of no sales tax due" issued by Missouri Dept. of Revenue for the business dated within 45 days of state Date of Liquor License Issuance date;
  - b. Payment to the City finance department for all Tourism taxes due the city (including any penalties & interest) and for any services (i.e. water, sewer) provided by the City;
  - c. Copy of the State Liquor License when issued by the Division of Alcohol and Tobacco Control;
  - d. Payment of the Liquor License fees to the City of Branson which is 1 ½ times the amount shown on the State Liquor Licenses.

CITY DATE STAMP – APPLICATION  
RECEIVED DATE

## CITY OF BRANSON LIQUOR LICENSE APPLICATION

(Application must be typed or printed in black ink)

LICENSEE'S NAME (Legal Name) \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_  
 DOING BUSINESS AS \_\_\_\_\_ BUS. PHONE # \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 ORGANIZATION TYPE: \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP. (Non-LLC) \_\_\_\_\_ CORP. (LLC) \_\_\_\_\_  
 Person to contact regarding completion of this application \_\_\_\_\_ Phone # \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**1. LOCAL MANAGING OFFICER** (Individual who is actively involved in the business and will insure compliance with liquor laws)

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Place of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 E-mail \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
 Current Residence \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
 Previous Residence \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
 Prior Residence \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
 Date Admitted for Citizenship (if naturalized) \_\_\_\_\_ Court Name \_\_\_\_\_ City \_\_\_\_\_  
 Registered to Vote in CITY or TOWNSHIP: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
 Current Employer \_\_\_\_\_ Address \_\_\_\_\_ Date Employed \_\_\_\_\_  
 Previous Employer \_\_\_\_\_ Address \_\_\_\_\_ Date Employed \_\_\_\_\_  
 Managing Officer's Business Mailing Address \_\_\_\_\_  
 Are you currently involved in the day-to-day management of the licensed business location? \_\_\_\_\_  
 Convicted of Felony? \_\_\_\_\_ If Yes, provide details \_\_\_\_\_  
 \_\_\_\_\_ Prohibited from holding license? \_\_\_\_\_  
 Ever arrested and found guilty for an offense for which you served jail time, received a suspended sentence, or were placed on probation? \_\_\_\_\_ If yes, provide details, location and approximate dates \_\_\_\_\_  
 \_\_\_\_\_

**2. (a) FOR PARTNERSHIPS & SOLE PROPRIETORSHIPS - LIST OF ALL PARTNERS & OWNERS and ANY OTHER PERSON WHO HAS A FINANCIAL INTEREST IN THE BUSINESS**

	NAME (Include Middle Initial)	RESIDENTIAL STREET ADDRESS	STATE	ZIP	FELONY CONVICTION (yes/no)	BIRTH DATE	% OWNED	DRIVERS LICENSE (State & Number)
A								
B								
C								
D								

**(b) FOR CORPORATIONS & LLC's - LIST OF ALL MEMBERS, OFFICERS, and STOCKHOLDERS WITH OVER 10% OWNERSHIP & ANY OTHER PERSON WHO WILL PLAY A SENIOR MANAGEMENT ROLE AT THE BRANSON LOCATION (attach sheet if insufficient space is provided below)**

	ROLE	NAME (Include Middle Initial)	RESIDENTIAL STREET ADDRESS	ZIP	FELONY CONVICTION (yes/no)	BIRTH DATE	% OWNED	DRIVERS LICENSE (State & Number)
A	President							
B	VP							
C	Secretary							
D	Treasurer							
E	Member							
F	Member							
G								
H	Local GM							

**3.** Felony conviction details including location and date for any individual listed in item #2 above \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4.** Has anyone listed in item #2a or 2b ever been arrested and found guilty for an offense for which jail time was served, suspended sentence received, or was placed on probation? \_\_\_\_ If yes, provide name, details, location and dates

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5.** Incorporation/Organization Date \_\_\_\_\_ Incorporation/Organization State \_\_\_\_\_

**6.** Amount of Paid In Capital \_\_\_\_\_ Amount of Authorized Capital \_\_\_\_\_

**7.** Number of Feet to Nearest Church or School \_\_\_\_\_ Name of School or Church \_\_\_\_\_

**8.** Does any distiller, wholesaler, winemaker, brewer, supplier of gambling devices or any of their employees, officers, or agents have any financial interest in the Liquor License of this applicant? \_\_\_\_ If yes, who and what interest? \_\_\_\_\_

**9.** Is any distiller, wholesaler, winemaker, brewer, supplier of gambling devices or any of their employees, officers, or agents providing or loaning equipment, money, credit, or property of any type? \_\_\_\_ If yes, who and what? \_\_\_\_\_

**10.** Name (s) of any silent partner(s) not listed in #2 above \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
**11.** Is or has the Managing Officer ever been the Managing Officer for any other liquor licensed business? \_\_\_\_  
 If yes, provide the business name and city \_\_\_\_\_  
 \_\_\_\_\_

**12.**Has the Managing Officer ever been associated with a business whose liquor license has been suspended, revoked, fined, or placed on probation by the state, county, or city? \_\_\_\_\_ If yes, provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13.**Has anyone listed in Section #2 been associated with the management of a business whose liquor license has been suspended, revoked, fined, or placed on probation by the state, county, or city? \_\_\_\_\_ If yes, provide individual's name, business name, city and details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14.**Has anyone listed in Section #2 or any member of his/her immediate family or household ever made application for a liquor license which was denied by the State, County, or City? \_\_\_\_\_ If yes, provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15.**If a LLC or corporation, has a liquor license associated with the LLC or corporation ever been suspended, revoked, fined, or placed on probation by the state, county, or city? \_\_\_\_\_ If yes, provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16.**Specify if the premises to be licensed is owned, rented, or leased? \_\_\_\_\_

**17.**State agreement length if rented or leased including renewal options \_\_\_\_\_

**18.**Name of landlord \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**19.**What interest (if any) does the landlord have in the business? \_\_\_\_\_  
\_\_\_\_\_

**20.**Is this a change of ownership of an existing liquor licensed facility? \_\_\_\_\_ If yes, provide the name of the business being acquired \_\_\_\_\_ Ownership Change Date \_\_\_\_\_

**21.**Is any nude or semi-nude entertainment planned to be conducted on the premises? \_\_\_\_\_

**22.**Describe entertainment (if any) to be held on the premises \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**23.**Are any games of chance to be installed on the premises? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**24.**Juke boxes? \_\_\_\_\_ Pool Tables? \_\_\_\_\_ Pinball Machines? \_\_\_\_\_ Video Games? \_\_\_\_\_ Stage Contests? \_\_\_\_\_

**25.**Does or will the business have a cover-charge for admission? \_\_\_\_\_ Customer dancing? \_\_\_\_\_

**26.** Provide information on employee alcohol education attendance (attach sheet if not enough space on form). Employees & contracted labor associated with liquor are required to attend a training session within 2 months of hire date. All employees currently employed that are associated with alcohol sales, management, and serving are to be listed below. List both those who have had training and those who have not received training. Employees must attend or take a "responsible selling" training class every two years.

	EMPLOYEE NAME	TITLE OR ROLE (i.e. cashier, server, bartender, owner)	HIRE DATE	DATE OF ALCOHOL TRAINING	NAME OF TRAINING PROVIDED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

**27. ESTIMATED ANNUAL SALES:** \_\_\_\_\_ **ESTIMATED ALCOHOL SALES:** \_\_\_\_\_  
**ESTIMATED PREPARED FOOD SALES:** \_\_\_\_\_ **OTHER TYPE OF SALES:** \_\_\_\_\_

**28. PROVIDE A BRIEF ONE SENTENCE DESCRIPTION OF AREA TO BE LICENSED (the Premises) INCLUDING ANY FENCED ATTACHED PATIO AREA.** If the area to be licensed is under construction also attach a one page schematic showing approximate dimensions and location of equipment and fixtures to be installed including the location of stored liquor inventory.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**29. TYPE of CITY LIQUOR LICENSE(S) APPLYING FOR (please mark):**

**PACKAGE LIQUOR LICENSE TYPES**

\_\_\_\_\_ **Sale of 5% Malt Liquor (Beer) in Original Package including Sunday** (restricted to 3 licenses) – must have a minimum of \$5,000 in annual liquor sales to retain license.

\_\_\_\_\_ **Sale of Intoxicating Liquor in the Original Package** in convenience stores (gasoline, groceries, food) with a minimum of 600 square feet of restaurant seating area (restricted to 3 licenses) – must have a minimum of \$5,000 in annualized liquor sales to retain license.

\_\_\_\_\_ **Sale of Intoxicating Liquor in the Original Package** in establishments of less than 20,000 square feet (restricted to 17 licenses) – must have a minimum of \$5,000 in annualized liquor sales to retain license.

\_\_\_\_\_ **Sale of Intoxicating Liquor in the Original Package** in establishments of more than 20,000 square feet (no license number restriction) – must have a minimum of \$5,000 in annualized liquor sales to retain license.

\_\_\_\_\_ **Sale of Intoxicating Liquor in the Original Package – Sunday**

**CONSUMPTION ON THE PREMISES LICENSE TYPES**

\_\_\_\_\_ **5% Malt Liquor (Beer only) by the Drink including Sunday** (restricted to 4 licenses) – must be a restaurant with \$200,000 in annual food sales or a minimum of 50% of sales from prepared foods.

\_\_\_\_\_ **Six Day 5% Beer – Light Wine by the Drink** (no license number restriction) – must be a restaurant with \$200,000 in annual food sales or a minimum of 50% of sales from prepared foods to retain license.

\_\_\_\_\_ **Retail Liquor by the Drink – Restaurant/Bar** (no license number restriction) – must be a restaurant with \$200,000 in annual food sales or a minimum of 50% of sales from prepared foods to retain license – licensed to sell beer, wine, and mixed drinks.

\_\_\_\_\_ **Retail Liquor by the Drink – Resort** (no license number restriction) – must be a restaurant associated with a property having 30+ rental rooms for transients with 60% of restaurant sales from prepared foods or no less than \$75,000 in restaurant annual sales of which \$50,000 is from non-alcoholic sales.

\_\_\_\_\_ **Commercial Boat Liquor by the Drink** (no license restriction) – boat must be authorized by the U.S. Coast Guard for 100+ passengers. Licensed to sell beer, wine, and mixed drinks.

\_\_\_\_\_ **Microbrewery Liquor by the Drink** (no license number restriction)

\_\_\_\_\_ **Retail Liquor by the Drink – Sunday** (Must also specify one other license type above.)

**OTHER LICENSE TYPES**

\_\_\_\_\_ Other License Type (Please Specify) \_\_\_\_\_

**NON-REFUNDABLE FEES: ORIGINAL APPLICATION - \$250 SUNDAY APPLICATION - \$50**

In addition to application fees, Branson’s liquor license fees are equal to one and a half (1.5) times the fees charged by the State of Missouri and are to be paid when a copy of the state liquor license is provided by the applicant to the City’s licensing section. The city liquor license is not issued until all fees, water bills, and tourism taxes are paid current. The City of Branson will issue the applicant a “Letter of Intent” to be provided to Missouri’s Division of Liquor Control once a background check and a preliminary review of the application is completed.

**IMPORTANT**

I am to report any factual change to this application within 10 working days to the City's Finance Department. I understand that false answers made herein may result in the denial of this license application. I understand that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked, suspended, fined, placed on probation, or otherwise be disciplined. I understand that any license granted will be subject to the provisions of Chapter 311 and 312, RsMo Statutes, the Rules and Regulations of the Mo. Div. of Alcohol and Tobacco Control, and Section 10 of the Branson Municipal Code. I agree to abide by these statutes, rules & regulations, and ordinances. Failure to conform to any of these laws, regulations, and ordinances will subject our license to revocation, suspension, fine, probation, or other discipline. Further I agree to allow the City to make inspections made in accordance with Section 10 of the Branson Municipal Code, rules & regulations of the Mo. Div. of Alcohol and Tobacco Control. I will allow the Finance Director or his/her duly appointed agent to examine and secure copies of any and all business records or documents related in any way to this business, including, but not limited to, those on file with any bookkeeper or accounting firm. I authorize the Director of Finance, the Branson Police Department, or their duly appointed agent(s) to conduct a criminal record check of the managing officer and any and all owners, members of a LLC, officers of a corporation, partners in a partnership, registered agent, or any other person affiliated in any way with the business for which this liquor license application is being made. I have 90 calendar days from the application date to secure a City liquor license to avoid the voiding of this application. I understand that an issued license may be revoked if the business is closed for business (has no sales) for a continuous period of 90 days. **As the named Managing Officer herein, I am an employee of the business and I am actively involved in the day-to-day management of the Branson licensed location.**

I, \_\_\_\_\_, of lawful age, being first duly sworn upon  
**(TYPE OR PRINT NAME)**

my oath, depose and say that I have read this application and fully understand same and that I know the contents thereof and the answers and statements contained therein and that the same are true.

Managing Officer Signature \_\_\_\_\_

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

**NOTARY PUBLIC**

State \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

Notary Public Name (Typed or Printed) \_\_\_\_\_

My Commission Expires \_\_\_\_\_