



## **Raymore Liquor License Information and Checklist Of Requirements**

The following documents are to be submitted with new license applications and renewal applications:

- Applicant's criminal record check from the Missouri State Highway Patrol completed within the last six (6) months from the date of application
- A no-tax due letter from the Missouri Department of Revenue dated within ninety (90) days from the date of application
- Proof of Missouri voter registration of the applicant
- Copy of Lease
- Description of plans, specifications and fixtures in the proposed place of business (changes in the submitted description or new applications only)
- Liquor by the drink applicants: if the establishment has an outdoor deck, patio, sidewalk area, etc., that will be used for liquor by the drink, you must submit a detailed drawing of the area. The outdoor area must meet the requirements and be in compliance with the Raymore City Code and Unified Development Code, Section 420.030 (f).(changes in the submitted description or new applications only)
- Full description of the proposed/place of business (new applications only)
- Copies of the liquor licenses from Cass County and the Missouri Division of Alcohol and Tobacco control for the license period for which the application is being submitted.

If any fact(s) or information changes during the license period, written notice shall be submitted by the license holder to the Enforcement Agency within ten (10) days after the change.

To view the complete Liquor Code for the City of Raymore, visit [Raymore City Code - Chapter 600: Alcoholic Beverages](#).

For questions, please call City Clerk Erica Hill at 816-331-3324 or email [ehill@raymore.com](mailto:ehill@raymore.com).



**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**CITY OF RAYMORE, MISSOURI**

100 Municipal Circle, Raymore, MO 64083

Email: cityclerk@raymore.com

Phone: (816) 331-3324 Fax: (816) 331-8724

**Schedule of License Fees**

**PRIMARY RETAIL LICENSES**

<input type="checkbox"/>	Beer by the drink (includes Sunday Sales) (5BD)	\$75.00
<input type="checkbox"/>	Beer and light wine by the drink (5BDW)	\$75.00
<input type="checkbox"/>	Retail by the drink (spirits, wine, beer) (RBD)	\$450.00
<input type="checkbox"/>	Retail by the drink (spirits, wine, beer) tax exempt (RBDE)	\$450.00
<input type="checkbox"/>	Package liquor (spirits, wine, beer) (OPL)	\$150.00
<input type="checkbox"/>	Beer original package (includes Sunday sales) (5OP)	\$75.00

**-Temporary Retail Licenses**

<input type="checkbox"/>	Picnic (Not for profit organizations-spirits, wine, beer-7 days) (RBDP)	\$37.50
<input type="checkbox"/>	Retail by drink caterer (spirits, wine, beer) (RBDC)	\$15.00 per day
<input type="checkbox"/>	Beer and light wine by drink caterer (5BWC)	\$15.00 per day
<input type="checkbox"/>	Retail by drink caterer (spirits, wine, beer) 50 days maximum (RDC5)	\$750.00
<input type="checkbox"/>	Retail by drink caterer (spirits, wine, beer) unlimited (RDCI)	\$1,500.00

**-Other Retail Licenses**

<input type="checkbox"/>	Consumption of liquor (COL)	\$90.00
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**-Secondary Retail Licenses**

<input type="checkbox"/>	Original package tasting (OPT)	\$37.50
<input type="checkbox"/>	Sunday sales (spirits, wine, beer)(SOP)	\$300.00

**WHOLESALE LICENSING**

<input type="checkbox"/>	Liquor wholesale solicitor (spirits, wine, beer) (LWS)	\$750.00
<input type="checkbox"/>	Twenty two (22) percent (wine and beer) (22MS)	\$300.00
<input type="checkbox"/>	Five (5) percent wholesale solicitor (beer only) (5WS)	\$150.00

## MANUFACTURING LICENSING

<input type="checkbox"/>	Domestic Winery (light wine and brandy) (DOMW)	\$7.50 per 500 gallons
<input type="checkbox"/>	Microbrewery (beer only) (MICB)	\$7.50 per 100 barrels
<input type="checkbox"/>	Liquor manufacturer-solicitor (spirits, wine, beer) (LMS)	\$675.00
<input type="checkbox"/>	Twenty-two (22) percent wine manufacturer-solicitor (wine and beer) (22MS)	\$300.00
<input type="checkbox"/>	Five (5) percent beer manufacturer-solicitor (beer only) (5MS)	\$375.00

## LIQUOR SOLICITOR LICENSES

<input type="checkbox"/>	Liquor solicitor (spirits, wine, beer) (LS)	\$375.00
<input type="checkbox"/>	Twenty-two (22) percent solicitor (wine and beer) (22S)	\$150.00
<input type="checkbox"/>	Five (5) percent beer solicitor (beer only) (5S)	\$75.00
<input type="checkbox"/>	Vintage wine solicitor (VWS)	\$750.00

## TOTAL FEES DUE

## APPLICANT INFORMATION

*Applicant hereby submits the following information concerning the business to be licensed. Any reference to "applicant" in this document is referring to the owner or managing officer.*

This application is for:  Sole owner  
(check one)  Partnership (application must be signed by all partners)  
 Corporation/LLC (application must be signed by Managing Officer)

Name of Business (d/b/a): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Located within 100' of school or church?  Yes  No

Mailing address, if different than above: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Federal Employer Identification # \_\_\_\_\_

MO Retail Sales License # \_\_\_\_\_

**Owner of Business (responsible for the above business)**

Name Mr. Mrs. Miss: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
If naturalized citizen, date & place of naturalization: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

**Applicant/Managing Officer**

Name: Mr. Mrs. Miss: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
If naturalized citizen, date & place of naturalization: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Voter Registration Precinct: \_\_\_\_\_ City: \_\_\_\_\_ Ward: \_\_\_\_\_ County: \_\_\_\_\_

**Partnership - List all partners**

Name: Mr. Mrs. Miss: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
If naturalized citizen, date & place of naturalization: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Voter Registration Precinct: \_\_\_\_\_ City: \_\_\_\_\_ Ward: \_\_\_\_\_ County: \_\_\_\_\_

Name: Mr. Mrs. Miss: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
If naturalized citizen, date & place of naturalization: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Voter Registration Precinct: \_\_\_\_\_ City: \_\_\_\_\_ Ward: \_\_\_\_\_ County: \_\_\_\_\_

Name: Mr. Mrs. Miss: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

If naturalized citizen, date & place of naturalization: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Voter Registration Precinct: \_\_\_\_\_ City: \_\_\_\_\_ Ward: \_\_\_\_\_ County: \_\_\_\_\_

**Please answer the following:**

Does this corporation operate any other business, or control or is controlled by any other corporation or business? \_\_\_\_\_ If yes, list the name of such controlled or controlling corporation or business: \_\_\_\_\_

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

List the registered agent, address and location of all businesses operated by it and the name and address of any such businesses with a liquor license: \_\_\_\_\_

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

Have you or any person employed by you ever held any type of liquor license issued by the City of Raymore or by the licensing authority of any state, county or city? \_\_\_\_\_ If yes, please provide all details: \_\_\_\_\_

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

Has any such license listed above been suspended or revoked? \_\_\_\_\_ If yes, please provide all details: \_\_\_\_\_

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

Have you or anyone interested either directly or indirectly in the premises to be licensed or the operation ever been convicted of any crime or felony? \_\_\_\_\_ If yes, please provide all details: \_\_\_\_\_

Will you be the person in active control and/or managing officer of this business full time? \_\_\_\_\_  
If no, give complete details on the management and persons involved: \_\_\_\_\_

**CERTIFICATION**

I am the person who is to be actively engaged in the actual control and management of the particular liquor establishment for which this license is hereby sought, and that the answers and information given in the application are true and complete to the best of my knowledge and belief.

Representation Concerning Compliance With Laws: Applicant hereby represents that the business conducted by applicant does not and will not violate any Ordinance of the City of Raymore and now complies and will continue to comply fully with the laws of the State of Missouri.

\_\_\_\_\_  
Signature of Applicant/Principal Officer

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY SEAL

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