

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.



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

Beer by the drink (includes Sunday Sales) (5BD)	\$75.00
Beer and light wine by the drink (5BDW)	\$75.00
Retail by the drink (spirits, wine, beer) (RBD)	\$450.00
Retail by the drink (spirits, wine, beer) tax exempt (RBDE)	\$450.00
Retail liquor by the drink resort (spirits, wine, beer) (RBDR)	\$450.00
Package liquor (spirits, wine, beer) (OPL)	\$150.00
Beer original package (includes Sunday sales) (5OP)	\$75.00

-Temporary Retail Licenses

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

-Other Retail Licenses

Consumption of liquor (COL)	\$90.00
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-Secondary Retail Licenses

Original package tasting (OPT)	\$37.50
Sunday sales (spirits, wine, beer)(SOP)	\$300.00

WHOLESALE LICENSING

Liquor wholesale solicitor (spirits, wine, beer) (LWS)	\$750.00
Twenty two (22) percent (wine and beer) (22MS)	\$300.00
Five (5) percent wholesale solicitor (beer only) (5WS)	\$150.00

MANUFACTURING LICENSING

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

LIQUOR SOLICITOR LICENSES

Liquor solicitor (spirits, wine, beer) (LS)	\$375.00
Twenty-two (22) percent solicitor (wine and beer) (22S)	\$150.00
Five (5) percent beer solicitor (beer only) (5S)	\$75.00
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 only 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