

CITY OF INDEPENDENCE

111 E Maple
Independence, MO 64055
(816) 325-7079 or 325-7063

APPLICATION PROCEDURES FOR CHANGE OF MANAGING OFFICER

1. **APPLICATION** - (form provided) - To be completed by applicant. **An original signature and notarization is required.**
 2. **RESOLUTION DESIGNATING MANAGING OFFICER** - If business ownership is a corporation, a copy of the corporate resolution designating the Managing Officer (now as referred to as applicant) and a current listing of all corporate officers. If business ownership is an LLC, a notarized affidavit from a managing member designating the Managing Officer and a current listing of all LLC members. The Managing Officer Appointment form may be used in lieu of the corporate resolution or LLC affidavit (form provided). This individual appointed must be a resident of the State of Missouri
 3. **FEE** - \$50.00 - Payment is due in the form of a bank draft, money order, certified check, or cashier's check payable to the City of Independence.
 4. **CRIMINAL RECORD CHECK - NEED TWO ORIGINALS** - (form furnished) - The State of Missouri charges a fee for a criminal record check, which is conducted by the Missouri Highway Patrol in Jefferson City. **YOU must apply for and submit an original** State of Missouri Criminal Record History **for the new Managing Officer.** The Missouri Highway Patrol has notified the City that the processing time for a criminal record check is approximately six weeks if processed by mail.
- The Missouri State Highway Patrol now provides the ability to request a criminal background check on their website at www.machs.mshp.dps.mo.gov. You may contact the State office at the (573) 526-6153 regarding fees for this service.
- The **original** criminal record check **must be submitted** to the License Division with the application. **Second original will be used for your State of Missouri Liquor License Application.**
5. **PHOTOGRAPHS** - One recent passport size photograph of applicant.
 6. **COUNTY PERSONAL PROPERTY TAX RECEIPT** - Copy of applicant's County "Personal Property" Tax receipt for the preceding year. If taxes were not due for the preceding year you must provide a tax waiver.
 7. **VOTER REGISTRATION** - Applicant must submit a "Certificate of Voter Registration".

After review by the City staff, the application will be forwarded to the License Officer for consideration. Only upon denial will notification be sent to the applicant.

All required documents must be submitted to the License Division at the above address.
Incomplete applications will not be processed

CITY OFFICE
Independence License Division
111 East Maple
Independence, Missouri
Telephone: 816-325-7079

STATE OFFICE
MO Division of Liquor Control
www.atc.dps.mo.gov
Telephone: 573-751-2333

COUNTY OFFICE
Jackson County Collections
Liquor/Amusement Section
306 West Kansas
Independence, Missouri
Telephone: 816-881-4403

APPLICATION FOR CHANGE OF MANAGING OFFICER

CITY OF INDEPENDENCE, MISSOURI - LICENSE DIVISION

111 East Maple, Independence, Missouri 64050

Date _____

Licensed Business Name _____ Address _____

PERSONAL INFORMATION ON NEW MANAGING OFFICER

1. Applicant's Legal Name _____
2. Home Address _____
(Number & Street) (City & State) (Zip)
3. Phone No. _____ Place of Birth _____ Date of Birth _____
4. Social Security No. _____ Driver's License No. _____
5. Are you a citizen of the United States of America? _____
6. Wife or husband's name and address _____
7. Have you ever been arrested or convicted for the violation of **any** Federal, State or Municipal law or ordinance? If yes, give details _____

8. Have you ever been convicted of a felony? _____ If yes, give details _____

9. Give names and business addresses of employers for the last five years. If you were self employed, state nature of business and location _____

10. Have you even been the holder of a permit to manufacture or sell alcoholic beverages which was revoked? If yes, give complete details _____

11. Are you, or any member of your household or immediate family, interested directly in any other license issued by the Supervisor of Liquor Control which is now in force? _____ If yes, give details _____

12. Have you, or any member of your household or immediate family, ever made application for any type liquor license in the State of Missouri which was denied?_____ If yes, give the name of applicant, approximate date of denial, and details regarding same_____
13. Will you be the person in active control and management of this business full time?_____ Part time?_____ Other?_____ If you do not operate the business full time, give complete information on proposed or planned management_____
14. Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the Ordinances of Independence, Missouri, and the laws of the State of Missouri; and do you consent to the introduction in evidence of such articles in any proceedings for the violation of any provision of the revised liquor control ordinances of Independence, Missouri; and/or for the suspension or revocation of the permit for which this application is made; and do you promise and agree not to violate any of the ordinances of Independence, Missouri, the laws of the State of Missouri, or the United States in the conduct of this business?

I (please print)_____being of lawful age and duly sworn upon my oath do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20_____

My Commission expires:_____

Notary Public

OFFICE USE ONLY

DATE APPLICATION RECEIVED AND APPROVED_____

FEE PAID \$_____

Liquor License Officer

CITY OF INDEPENDENCE, MISSOURI
Finance Department - License Division
111 East Maple
Independence, Missouri 64050

MANAGING OFFICER APPOINTMENT

Date _____

_____ has appointed
(Name of Corporation or LLC)

_____ as Managing Officer for the
(Name of Managing Officer)

Corporation or LLC. _____ is an officer or an employee
(Name of Managing Officer)

invested with the general control and superintendence of the business and corporation or LLC and is a resident within the State of Missouri.

Indicate the actual involvement as Managing Officer: _____

The business operates under the name of _____

and is located at _____

Signature of Corporate Officer or LLC Member

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Public

My Commission expires:

PLEASE NOTE: In the event the office of the Managing Officer becomes vacant, it is required that the corporation or LLC secure a new Managing Officer within fifteen days after said vacancy occurs, and that the City of Independence License Division be notified.

STATE OF MISSOURI
MISSOURI STATE HIGHWAY PATROL
1510 East Elm Street
Jefferson City, MO
(573) 526-6153

WEB REQUEST FOR CRIMINAL RECORD BACKGROUND

The Missouri State Highway Patrol now provides the ability to request a criminal background check on their website at www.machs.mshp.dps.mo.gov. The current fee for this request is \$10.00 plus an additional payment processing fee. These fees are subject to change, you may contact the State office at the above phone number before application.

Payment for this request is made by credit or debit card and you must have a printer to print the provided criminal background. Requests may still be made by mail on the following form; however you will need to allow at least four to six weeks to receive the results. You may also go to their office at the above address and apply in person.

If you have questions or need additional assistance, you may contact the Criminal Justice Information Services Division by phone at (573) 526-6312 or email at machs@mshp.dps.mo.gov.

STATE OF MISSOURI
MISSOURI STATE HIGHWAY PATROL
1510 East Elm Street
Jefferson City, MO
(573) 526-6153

WRITTEN REQUEST FOR CRIMINAL BACKGROUND CHECK

Please print or type Reference No. _____
(office use only)

Name (last, first, middle) _____

(maiden/alias) _____ Date of Birth _____

Sex: male female Social Security No. _____

Address _____

I authorize the release of any criminal history record information to the requestor.

Signature (optional) _____

It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.

PURPOSE

Licensing (specify) _____

SEND REPLY TO APPLICANT BELOW:

PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT

(per sections 43.527 and -530, RSMo.)

Search based on NAME, DATE OF BIRTH, SOCIAL SECURITY NO.

Fee is payable either by check or money order to State of Missouri, Criminal Record System. @ Please forward the request and fee to:

Missouri State Highway Patrol
Criminal Records and Identification Division
Post Office Box 9500
Jefferson City, MO 65102