**PIKE COUNTY, MISSOURI**

APPLICATION FOR COUNTY LIQUOR LICENSE

LICENSEE NAME:­­­­­­­­­­­­­­­

DBA NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER:

MAIL TO:

ADDRESS:

CITY/STATE/ZIP:

MANAGER/OWNER:

ADDRESS:

CITY/STATE/ZIP:

STATE LICENSE(S) REC’D (ex. Retail Liquor by Drink, Sunday by Drink, 5% by Drink, Original Package, etc. Must be the same as State License. Please include copies, if possible)

It is expressly understood and agreed that any license heretofore granted to me by the County Commission may be revoked by said Commission at any time upon proper showing of any violation by me or my employees of any law of the State of Missouri or of any regulation, ordinance or rule of the aforesaid city concerning said business of selling intoxicating liquors, and upon revocation thereof I shall not be entitled to a refund in whole or in part of the fee paid for this license.

The undersigned deposes and states that the facts set out above are true and hereby makes application for a county license to be granted by the County Commission of Pike County this day of , 20\_\_\_\_\_.

Signature of Applicant

The above license is hereby approved on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, and the Clerk of the Commission is hereby ordered to issue a License in accordance herewith.

Presiding Commissioner

Associate Commissioner

**License** #

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