

At which business will you be working where an employee liquor permit is required? _____

Is this the first time that you have applied for an employee liquor permit from the City of Kansas City, Missouri? Yes No

Have you ever been denied an employee liquor permit or had one suspended or revoked? Yes No
If **yes**, provide the following information:

Date	Reason for suspension/revocation	Where (city and state)
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? Yes No If yes, provide the following information:

Date	Offense/Conviction charge	Where (city and state)
_____	_____	_____
_____	_____	_____

If you were incarcerated, you must provide the date of your release: _____.

You may request to have your liquor permit mailed to you at the address you indicated above. If you choose to have your permit mailed to you and your permit is returned to us, you will be required to return to Regulated Industries to pick up your permit. If you choose to have your permit mailed to you and your permit is lost in the mail, you will be required to return to Regulated Industries and **pay a \$10 replacement fee** before your permit will be issued. Please choose one of the following options:

Please mail my liquor permit to me for an **additional 50 cents**

I will return to Regulated Industries to pick up my permit

I hereby authorize law enforcement, probation and parole agencies to release all information pertaining to my criminal record and I authorize a Social Security number trace. I understand that furnishing false or incomplete information on this application may be grounds for denial of the permit. I also understand that there is no refund of the fee which accompanies this application if, for any reason, it is denied.

I have familiarized myself with the provision of Chapters 10 and 50, code of general ordinances of the City of Kansas City, Missouri and agree to comply with these provisions in the conduct of this business and I will not violate any of the ordinances of the city, laws of the state or laws of the United States in the conduct of the business. In addition, I have received and will review the **Food Handler Procedures for Bartenders** brochure and agree to abide by the guidance provided therein.

Applicant's signature _____ Date _____

Office use only

Did the criminal background investigation prove the applicant to be a *prohibited* felon? Yes No

An employee liquor permit was Approved Denied

Process by _____ Date ____/____/____ Certificate # _____
Customer Service Representative Month Day Year