CITY OF FOUNTAINS
HEART OF THE NATION
KANSAS CITY
MISSOURI

NCSD/Regulated Industries Division
635 Woodland, Suite 2101
Kansas City, MO 64106
(816) 784-9000

EMPLOYEE LIQUOR PERMIT APPLICATION

Office Hours:
8:30 am to 4:30 pm (Mon thru Fri except Wed)
10:00 am to 4:30 pm (Wed)

In order to apply for this permit, applicants will need to bring the following to Regulated Industries:

- √ **Social Security Card**
- √ **$40 Cash**
- √ **Valid state issued Identification card**
- √ **This application completed and signed**

Please read carefully before completing

Under the Code of Ordinances of the City of Kansas City, Missouri, a prohibited felon is not eligible and will not receive an Employee Liquor Permit. By signing this application for an Employee Liquor Permit, the applicant grants approval for the Division of Regulated Industries to conduct a complete background check of the applicant's criminal history including a social security number trace. Accompanying this application should be a **Non-refundable** application fee.

A felony suspended imposition of sentence (SIS) is not a felony conviction. Applicants currently under SIS must provide a letter signed by a Probation Officer stating that (s)he knows of the applicant's desire to obtain a liquor card. An investigator with the Division of Regulated Industries will check the validity of the document or the probation officer may submit this letter directly to the Division of Regulated Industries. If otherwise qualified, the applicant will be granted a liquor card for the duration of the successful SIS or three years; whichever is shorter.

All applicants must be authorized to work in the United States and at the time of application, must present positive proof of identification in the form of a state issued Driver's License or ID, US Passport, Permanent Resident Card (i.e. Green Card), Employment Authorization Card, Military ID card or certain other IDs. **Fake, false or altered identification cards will be confiscated.**

Name: _____ Phone: (_____) _____
First Middle Last

Address: _____ Zip Code: _____
Number Street City/State

Driver's License or State ID Number: _____ State Where Issued: _____

Height: _____ Weight: _____ Sex: _____ Color of Eyes: _____ Color of Hair: _____

Social Security Number: _____-_____-_____ Date of Birth: _____ / _____ / _____
Month Day Year

Where will you be working? _____

Have you ever applied for a liquor card from the City of Kansas City, MO before? Yes_____ No_____

If yes, under what name was it issued? _____

Have you ever been denied a liquor permit? Yes____ No ____ please explain: _____

_____

Have you ever had a liquor permit/license suspended or revoked in this or any jurisdiction? Please explain:

_____

Have you ever been convicted of a felony? Yes____ No ____

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.

Applicant's Signature: _____ Date: _____

Office Use Only

Did the criminal background investigation prove the applicant to be a *prohibited* felon? Yes____ No____

Date Issued: _____ / _____ / _____ Permit #:_____ by: _____
Month Day Year Customer Service Representative

Rev. 1/1/08