

minor children).

City of Independence Liquor License Questionnaire

BUSINESS NAME:	-		
FORMER BUSINES	SS NAME: (if applicable)		
BUSINESS ADDRE	:SS:		
******	*********	*********	***************************************
THE OLCC LICENS background investig	SE APPLICATION. The informagation on the applicant. Please	e interview of liquor license applie ation gathered here will serve as attach any additional sheets as	a basis for conducting a may be necessary.
1. List all names, ad		B's, SSN's, ODL's, and any previ	
NAMES:			
ADDRESS:			
PHONE #:			
DOB:			
SSN:			
ODL:			
OTHER NAMES:			
2. Provide the curre	ent and previous 2 jobs of all pe	ersons listed in question number	1 above.
CURRENT:			
PREVIOUS:			
PREVIOUS:			

Rev. 10/2007 Page 1 of 4

3. List all persons residing in the household of those persons listed in question number 1 above (excluding

4. What is being used as funding source to purchase the business and get it started? (list who and how much)
5. Have any persons listed above ever had any debt turned over to a collection agency?
6. Has any person listed above ever been sued?
7. Has any person listed in number 1 above been involved now, or have you ever been engaged in any business as an owner, partner, or corporate member?
8. Has any person listed in number 1 above ever filed bankruptcy?
9. Has any person listed in number 1 above ever had any property repossessed?

Rev. 10/2007 Page 2 of 4

10. Have any of you ever had your wages garnished or a wage assessment placed against you?
11. Have any of you ever been dismissed from a job or forced to resign? If yes, explain.
12. Have any of you ever been rejected for a similar business purchase?
13. List any experience each of you have in owning, managing, or working in a liquor outlet.
14. Has any person listed in number 1 above ever been arrested, charged, accused, or convicted of any crime (if yes, list date, agency, charge, & disposition).
15. Has any member of the immediate family of those persons listed in number 1 above ever been convicted of a crime? If yes, explain.

Rev. 10/2007 Page 3 of 4

6. What plans do you have for the business in the following areas?
A. Type of alcohol sold.
B. Type of food items served.
C. Building plans (keep it "as is" or remodel).
D. Type of client/patrons expected or targeted for.
E. Any special activities or plans to draw in customers
F. Number of employees to be working during busy nights.
G. Any plans for security.
H. What is going to be house policy for persons or employees using or possessing drugs?

IGNATURE DATE SIGNATURE DATE
FOR OFFICE USE ONLY
DLCC Application attached New Application Fee (\$100.00) received
Original to City Recorder Copy to Police Department

Rev. 10/2007 Page 4 of 4