

**APPLICATION FOR RETAILER'S LICENSE FOR SALE  
OF INTOXICATING LIQUOR**

**To the Honorable County Commission of Buchanan County, Missouri:**

**The undersigned,** \_\_\_\_\_  
Name and Title of Contact Person

**Doing business as** \_\_\_\_\_  
Name of Business

**Type of License (Primary)** \_\_\_\_\_  
Example: Retail Liquor By Drink

**Type of License (Secondary)** \_\_\_\_\_ **(If applicable)**  
Example: Restaurant Bar By Drink Sunday

**At** \_\_\_\_\_  
Physical Address

**Mailing Address** \_\_\_\_\_  
If different from Physical Address

**Phone Number of Business** \_\_\_\_\_

**EMAIL\*\*required\*\*** \_\_\_\_\_