274-9577

A state liquor license will also be required:

Missouri Division of Alcohol Control
State Office Building, Room 536
149 Park Central Square
Springfield, MO 65806-1368

You will also need a City Business License.

APPLICATION FOR LIQUOR LICENSE
CITY OF WEST PLAINS, MISSOURI

I, Andrew Hansley, DBA First Street Pub
hereby apply to the City Council of the City of West Plains, Missouri, County of Howell, for the following type of liquor license:

[ ] Liquor by Drink [/] Tavern [ ] Beer & Wine 5%
[ ] Distributor [ ] Resort/Sunday Sales [ ] Original Package

at the following address 123 First ST (West), West Plains, Missouri.
I understand that if any of the statements or answers made herein are untrue, the license applied for may be revoked or refused. Sunday Sales? [ ] YES [/] NO

1. I am, and will continue to be throughout the term for which this license is sought, the OWNER or MANAGER of the business for which this license is sought.
   My residential address is: 631 Missouri Ave West Plains MO 65775
2. How long, immediately proceeding this application, have you lived there? 4 yrs
3. Where was your place of birth? Norristown, PA
4. Give the date of your birth: 27 Feb 66
5. Are you a citizen? yes [ ] Native [ ] Naturalized
6. If naturalized citizen, give location and court: _____
7. Are you a legal voter of the State of Missouri? yes
8. How long have you lived in the State of Missouri? 10 yrs
9. How long have you lived in the City? 10 yrs
10. Do you pay taxes in this County and City? yes
11. Have you ever been denied a liquor license? no
    If yes, give details:
12. Have you ever been arrested and convicted for anything relating to intoxicating liquor, drugs, gambling, immorality, fighting or peace disturbance? no
13. Have you ever been convicted of the violation of an City Ordinance relating to intoxicating liquor, drugs, gambling, immorality, fighting or peace disturbance?
    If yes, give details:
    no
14. I hereby give my consent to a criminal background check to verify the above information.

Signature: [signature]
Application Date: 20 oct 16

Date Approved by Council: _____

By: _____
Mayor Jack Pahlmann

No Match Notification

A statewide search of the identifiers below has revealed no criminal conviction or sex offender information on file. Fingerprints were not provided and thus the result of the search cannot be guaranteed.

Date of Search: 10/09/2016

Name (1): ANDREW HANSLEY

Name (2):

Name (3):

Date Of Birth: 02/27/1966

SSN: xxx-xx-4403

Control Number: 3510051

If you have any questions, please do not hesitate to contact our office at 573-526-6312.

Missouri State Highway Patrol
Criminal Justice Information Services Division
PO BOX 9500
Jefferson City, MO 65102