

APPLICATION FOR LIQUOR LICENSE
CITY OF WEST PLAINS, MISSOURI

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.

I, Ismael MALOKU, DBA ROMA ITALIAN RESTAURANT

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% SUNDAY SALES
 Distributor Resort/Sunday Sales Original Package

at the following address 1449 DREACHER ROE BLVD, 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

- 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. APT N-202
My residential address is: 2400 MCFARLAND DR WEST PLAINS MO
- How long, immediately preceding this application, have you lived there? ONE MONTH
- Where was your place of birth? KOSOVO
- Give the date of your birth: 01-01-1987
- Are you a citizen? Native Naturalized
- If naturalized citizen, give location and court: OKLAHOMA
- Are you a legal voter of the State of Missouri? YES
- How long have you lived in the State of Missouri? FIVE YEARS
- How long have you lived in the City? THREE MONTHS
- Do you pay taxes in this County and City? YES
- Have you ever been denied a liquor license? NO

If yes, give details:

- Have you ever been arrested and convicted for anything relating to intoxicating liquor, drugs, gambling, immorality, fighting or peace disturbance? NO
- 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:

14. I hereby give my consent to a criminal background check to verify the above information.

Signature: [Signature]

Application Date: 03-07-17

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: 03/08/2017

Name (1): ISMAIL MALOKU

Name (2):

Name (3):

Date Of Birth: 01/01/1987

SSN: xxx-xx-3571

Control Number: 3687607

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