



License No.  Date Issued  Renewal  New

**APPLICATION FOR 2020-2021 LIQUOR LICENSE  
CASS COUNTY, MISSOURI**

**MAKE CHECK PAYABLE TO: CASS COUNTY CLERK**

**LICENSE FEE:**

For assistance call the Cass County Clerk's Office  
(816) 380-8102.

**LICENSE TYPE:**

Please return this form to:

**EXPIRES:**

Cass County Clerk's  
Office  
102 E Wall Street  
Harrisonville MO 64701

Thank You!

**Please confirm the information below. Application will not be processed until all items are complete.**

**Corporation [If Any]**

**Business Name or DBA**

**Business Phone**

**Owner or Managing Officer**

**Business Location**

**City, Zip Code**

**Mailing Address**

**City**

**State**  **Zip Code**

**THE HONORABLE COUNTY CLERK OF CASS COUNTY, MISSOURI:**

It is by me, as owner or managing officer, expressly understood and agreed that the license issued hereunder shall not be effective until the licensee shall have applied for and been granted a license by the Supervisor of Liquor Control of the State of Missouri, and shall have applied for and been granted a license by the above mentioned city, if such license be required by ordinance. It is also expressly understood and agreed that the license hereby granted to the licensee by the County Clerk shall be revocable by said County Clerk at any time upon proper showing of any violation by the licensee or their employees of any law of the State of Missouri or of any regulation, ordinance or rule of the aforesaid city concerning said business of selling intoxicating liquors or non-intoxicating beer and upon revocation thereof the licensee shall not be entitled to the refund in whole or in part of the fee paid for this license.

*Signature of Owner or Managing Officer*

Subscribed and sworn to before me this ..... day of ....., 20 .....

*Signature of Notary*

Approved By: \_\_\_\_\_  
Cass County Clerk's Office

\_\_\_\_\_  
Printed Name of Notary