

CITY OF ST ROBERT

APPLICATION FOR LIQUOR LICENSE

DATE: _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

APPLICANTS NAME: _____

(If Corporation, give name of President, Secretary, and Manager)

NAME: LAST, First Middle (Address) (DOB: mm/dd/yyyy)

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The information below pertains to the managing officer of the corporation for which the license is sought:

NAME: LAST, First Middle (Address)

(DOB: mm/dd/yyyy)

(PLACE OF BIRTH: City & State)

(Area Code & Telephone Number)

Provide the name and address of any person, firm, or corporation, other than the applicant or manager, who has or will have a direct or indirect financial interest in the business for which the license is requested:

NAME: LAST, First Middle (Address)

NAME: LAST, First Middle (Address)

I, the applicant / licensee understand that approval of this application for a liquor license is contingent upon a favorable criminal record check and approval by the St. Robert Board of Aldermen. Further, I understand that if any statements or answers given herein are untrue, the license may be denied and/or if granted, may be revoked or suspended by the Board of Aldermen. I also agree to comply with all applicable laws and ordinances regulating alcoholic beverages, and that violation of such regulation may after a hearing by the Board of Aldermen of the City of St. Robert result in a revocation or suspension of said license.

Printed Name of Applicant

Signature of Applicant

ADMINISTRATIVE USE ONLY

**Criminal Records and Identification Division
General Information**

The Missouri Criminal Records Repository (MCRR), collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by 43.500 and 589.400 RSMo.

Criminal History Record Information is information collected by criminal justice agencies on individuals consisting of arrests, prosecution, a final disposition, correctional supervision, and release. All felony and serious misdemeanor arrests (referred to as reportable arrests) including offender registration information as defined under 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal history records are designated as open or closed.

•Open records

1. arrest record for 30 days following arrest.
2. arrest record for which charges have been filed.
3. court disposition of guilty.
4. suspended imposition of sentence during probation period.

•Closed records

1. arrest record after 30 days following arrest.
2. nolle prossed.
3. dismissed.
4. found not guilty.
5. suspended imposition of sentence after probation completed.

•Closed records are accessible to certain groups designated in section 610.120, RSMo.

- MCRR will only release closed records to those noncriminal justice entities entitled to closed records, when the criminal record check is based on a fingerprint search which will assure the identity of the subject in question.
- Any person can receive their own record, open and closed, by submission of fingerprints and required fee.

Any requester may receive open record information.

Closed records are accessible by the following, in accordance with 610.120 RSMo, with the submission of fingerprints and required fee.

FBI Record requests

- The FBI files are open to criminal justice agencies for the administration of criminal justice.
- The FBI has only open files in that if someone has the authority to receive the records, they receive all that is on file.
- The FBI allows access to their files to noncriminal justice agencies for certain purposes for a fee.
 - The purpose for the record check must be set forth in the federal regulations.
 - The state, from which the noncriminal justice request originates, must have a state statute specifying the entity has state authority to check the FBI files for the purpose specified.
 - Fingerprints must be submitted before the FBI will release their files to a noncriminal justice entity.
 - The result of the federal record search must terminate at a governmental agency and is not to be released to a private entity.
- All requests into the federal file from the state entities must come through and be stamped by MCRR.
- Effective 10-01-2007, Federal record checks for noncriminal justice entities are \$19.25 for licensing or employment checks and \$15.25 for volunteers to those covered care facilities.

PENALTY - A person who knowingly violates any provision of section 43.532, 43.540, 610.100, 610.105, 610.106, or 610.120 is guilty of a class A misdemeanor.



**MISSOURI STATE HIGHWAY PATROL
REQUEST FOR CRIMINAL RECORD CHECK**

SHP-158K 08/07

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

NAME	LAST	FIRST	MIDDLE	JR / SR
MAIDEN / ALIAS	LAST	FIRST	MIDDLE	JR / SR

SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RACE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER
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ADDRESS	STREET - P.O. BOX	CITY	STATE	ZIP CODE
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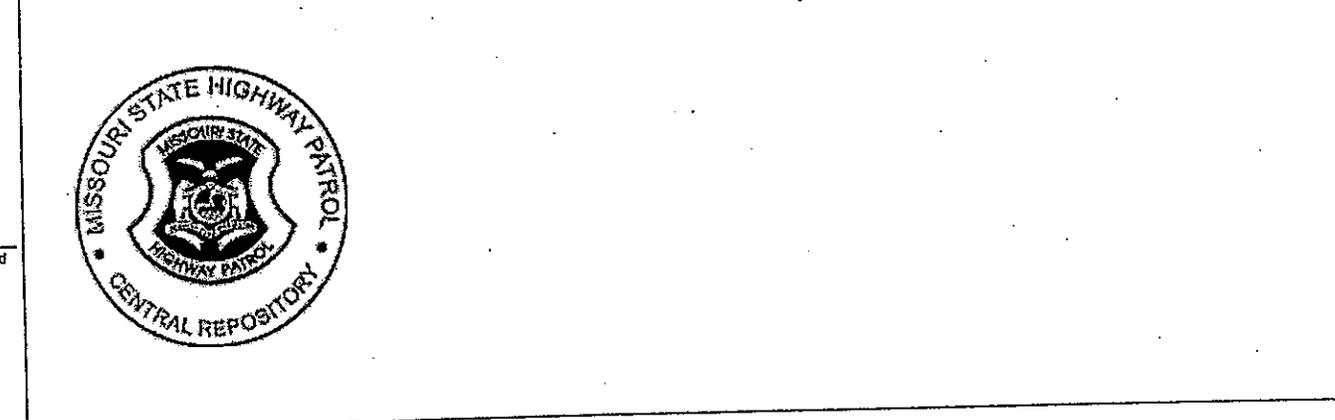
ENTITY TYPE	<input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL	PURPOSE FOR REQUEST	<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> LICENSING <input type="checkbox"/> OTHER (specify)
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TYPE OF RECORD CHECK - PROCESSING FEE - METHOD OF PAYMENT
(per Sections 43.527 and 43.530, RSMo.)

<input type="checkbox"/> \$9.00 NAME SEARCH Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER. Response will be returned with all open records and records of conviction.	<input type="checkbox"/> \$20.00 FINGERPRINT SEARCH Based on APPLICANT FINGERPRINT CARD. Response will be returned with complete records to the individual or qualifying entity.
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Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."

MSHP / CENTRAL REPOSITORY RESPONSE



FORWARD TO - SEND REPLY TO

Please forward the request and fee to:

**Missouri State Highway Patrol
Criminal Records and Identification Division
Post Office Box 9500
Jefferson City, MO 65102**

SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) _____
