City of Herculaneum

**LIQUOR LICENSE RENEWAL/APPLICATION**

*Pursuant to Ordinance No. 10-2025, Section 600.060*

**LICENSE TERM ENDS: JUNE 30**
**New Application or Renewal: _____**

**APPLICANT INFORMATION**

**Business Name: _____**
**Business Address: _____**
**City/State/ZIP: _____**
**Phone Number: _____**
**Email Address: _____**
**Mailing Address (if different): _____**

**OWNER/PRINCIPAL INFORMATION**

**Owner/Manager Name: _____**
**Date of Birth: _____**

Have you or any corporate officer/shareholder been convicted of a felony or any drug-related offense?

☐ No ☐ Yes (If yes, attach explanation.)

**LICENSE TYPE(S) – Check all that apply**

| License Type Description | Fee | Select |
|---|---|---|
| Package Liquor – Malt Liquor Only | $100/year | ☐ |
| Package Liquor – All Kinds | $100/year | ☐ |
| Liquor by the Drink – Malt Liquor/Light Wine Only | $52.50/year | ☐ |
| Liquor by the Drink – All Kinds | $300/year | ☐ |
| Sunday Sales – Restaurant Bar (Add-on) | $266/year | ☐ |
| Sunday Sales – Amusement Place (Add-on) | $266/year | ☐ |
| Microbrewery License | $375/year | ☐ |
| Manufacturing (≤ 22% Alcohol) | $300/year | ☐ |
| Manufacturing, Distilling or Blending (>22% Alcohol) | $675/year | ☐ |
| Wholesale – Malt Liquor | $150/year | ☐ |
| Wholesale – All Intoxicating Liquor | $375/year | ☐ |
| Tasting Permit (Add-on) | $37.50 | ☐ |
| Temporary Permit (Max 7 days – per event) | $37.50 | ☐ |
| Caterer's Permit (Per calendar day) | $15/day | ☐ |

**Of the license fee to be paid for any such license, the applicant shall pay as many twelfths 12ths) as there are months (part of a month counted as a month) remaining from the date of the license to the next succeeding June 30th.**

**REQUIRED ATTACHMENTS**

☐ Copy of current state liquor license

☐ Lease, ownership, or option-to-lease documents

☐ Current certificate of insurance

☐ License fee payment

☐ Certificate of No Tax Due from State of Missouri

**CERTIFICATION**

I certify the information above is true and complete. I understand that any false statement may be grounds for denial, suspension, or revocation of the license. I agree to comply with all provisions of Chapter 600 of the City of Herculaneum's Code of Ordinances.

**Signature of Applicant:** _____
**Printed Name:** _____
**Date:** _____

**SUBMIT APPLICATION TO:**

**Kim Niehaus City Clerk**
City of Herculaneum
#1 Parkwood Court
Herculaneum, MO, 63048
Phone: 636-475-4447
Email: kniehaus@cityofherculaneum.gov