

CITY OF LONE JACK  
LIQUOR CONTROL DIVISION  
LONE JACK POLICE DEPARTMENT  
401 N. BYNUM, LONE JACK, MO 64070  
816-697-2417

**STATEMENT OF INTENT TO HIRE OR CONTINUE TO EMPLOY**  
**(MUST BE FILLED OUT BY OWNER OR MANAGER)**

I, \_\_\_\_\_ doing business as \_\_\_\_\_

at \_\_\_\_\_ intend to hire/continue to employ

\_\_\_\_\_,  
LAST FIRST MIDDLE

at the above mentioned location upon approval of a valid employee liquor card.

OWNER/MANAGER SIGNATURE \_\_\_\_\_

PHONE # \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*NOT VALID AFTER THIRTY (30) DAYS FROM ISSUE\*\*\***

**\*\*MUST PROVIDE A VALID FORM OF I.D. (DRIVERS LICENSE OR BIRTH CERTIFICATE)\*\***  
**A \$30.00 Fee will be due and payable upon submittal.**

FOR DEPARTMENT USE ONLY

Date application received \_\_\_\_\_

Received By \_\_\_\_\_

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**STATEMENT OF INTENT TO HIRE OR CONTINUE TO EMPLOY**  
**(MUST BE FILLED OUT BY APPLICANT)**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET ADDRESS (NO PO BOX)

CITY STATE ZIP

PREVIOUS ADDRESS (if less than two years) \_\_\_\_\_  
STREET ADDRESS (NO PO BOX)

CITY STATE ZIP

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

EYE COLOR \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

HAVE YOU EVER HAD A LIQUOR PERMIT DENIED, SUSPENDED OR REVOKED? (if so, why and where) \_\_\_\_\_

**I understand that furnishing false or incomplete information on this application may be grounds for denial of said permit.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR DEPARTMENT USE ONLY

DATE OF BACKGROUND CHECK \_\_\_\_\_ BY WHOM \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ NOTES \_\_\_\_\_

LICENSE NUMBER ISSUED \_\_\_\_\_ LICENSE EXPIRATION DATE \_\_\_\_\_