

Memo

OFFICE OF THE CHIEF OF POLICE



TO: Mayor, and Council
FROM: Captain Art Jackson #386
CC: Deanna Jones City Clerk
REF: Liquor License
DATE: February 15, 2018

Sir,

I have reviewed all the attached paperwork and application for the liquor License that was presented to me for the La Herradura Sports Bar located at 9369 Natural Bridge. All the paperwork appears to be correct and in order.

**CITY OF BERKELEY, MISSOURI
8425 AIRPORT ROAD
BERKELEY, MO. 63134
APPLICATION FOR LIQUOR LICENSE**

TO: CITY COUNCIL
CITY OF BERKELEY, MISSOURI

NEW _____
RENEW X
FULL X
PACKAGE _____
SUNDAY SALES X

La Herradura Sports Bar
9369 NATURAL BRIDGE ROAD
Berkeley MO 63134

I/WE, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR LICENSE TO
MAINTAIN AND OPERATE A: 9369 NATURAL BRIDGE IN SAID CITY,
WARRANTING THE FOLLOWING INFORMATION TO BE TRUE.

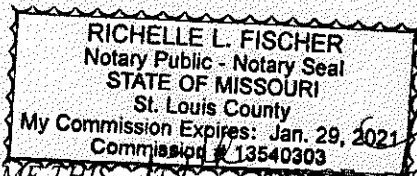
LA HERRADURA 9369 NATURAL BRIDGE BERKELEY MO 63134 / (314) 736-1299
NAME OF BUSINESS ADDRESS PHONE

ADELAIDA ARANGO 9033 CRANBERRY LN ST LOUIS MO 63121
NAME OF OWNER ADDRESS CITY ZIP CODE

NAME OF MANAGER ADDRESS CITY ZIP CODE

IF SAID LICENSE IS GRANTED, I/WE AGREE TO COMPLY WITH, AND ABIDE BY ALL
ORDINANCES OF SAID CITY OF BERKELEY PERTAINING THERE TO SECTION 600.020 CITY CODE.
I/WE FUTURE SWEAR THAT I HAVE NEVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR
RELATING TO THE LIQUOR LAWS.

ADELAIDA ARANGO
APPLICANT'S SIGNATURE



SUBSCRIBED AND SWORN TO BEFORE ME THIS 10 DAY OF February 2018
Richelle L. Fischer MY COMMISSION EXPIRES 1/29/21
NOTARY PUBLIC

CHIEF OF POLICE MAYOR

DATE APPLICATION RECEIVED _____

LICENSE NUMBER ISSUED _____

LICENSE FEE: \$750.00 PROCESSING FEE: \$14.25 TOTAL \$764.25

PLEASE COMPLETE THE FOLLOWING INFORMATION ON BOTH THE OWNER AND MANAGER.

OWNER

NAME ADRIANA ARANGO

ADDRESS 9033 CRANBERRY LN ST LOUIS MO 63121

DATE OF BIRTH [REDACTED]

PLACE OF BIRTH MEXICO

RACE HISPANIC

SEX FEMALE

SOCIAL SECURITY NUMBER [REDACTED]
(REQUIRED BY THE STATE OF MISSOURI)

MANAGER

NAME _____

ADDRESS _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

RACE _____

SEX _____

SOCIAL SECURITY NUMBER _____
(REQUIRED BY THE STATE OF MISSOURI)

NOTE: **THE CITY OF BERKELEY IS TO BE NOTIFIED OF ANY CHANGE IN OWNER OR MANGER OF YOUR ESTABLISHMENT.**

Receipt: 27874

02/12/18

PAID

FEB 12 2018

City of Berkeley

Cashier: swinneysm

Received Of: LA HERRADURA SPORTS BAR

The sum of:

864.25

ME	MERCHANT LICENSES	100.00
LI	LIQUOR LICENSES	750.00
LI	LIQUOR LICENSE/ LIC FEE	14.25
	Total	864.25

CASH

864.25

PAID

FEB 12 2018

City of Berkeley

Signed: _____