



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
SALESMAN PERMIT APPLICATION

			PERMIT NUMBER		
NAME (Last, First, Middle)		MAIDEN (if applicable)		Date	
ADDRESS		CITY/STATE/ZIP		DATE OF BIRTH	
HOME TELEPHONE NUMBER		WORK TELEPHONE			
SOCIAL SECURITY NUMBER		HEIGHT / WEIGHT		HAIR / EYES	SEX
COMPANY INFORMATION					
COMPANY YOU WILL BE REPRESENTING:					
DOING BUSINESS AS				LICENSE NUMBER	
ADDRESS		CITY/STATE/ZIP			
Have you ever been issued a salesman permit before? Yes <input type="checkbox"/> No <input type="checkbox"/>			If you answered Yes, please list name of company / companies you represented below:		
Company Names					
Employment History for the last five (5) years					
Have you ever been convicted of a Liquor Control Violation? Yes <input type="checkbox"/> No <input type="checkbox"/>			If you answered yes, give full details as to date, charge, place and sentence or disposition below:		
Violation History					
Do you have any financial interest in, or hold any position or office in, a business that is licensed to sell intoxicating liquor at retail? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you answered yes, give full details of your interest:					
Certification:					
I certify that the answers I have given on this application are true and complete. I authorize the Supervisor of Alcohol and Tobacco Control or his duly appointed agents access to any and all criminal records of the undersigned individual.					
SIGNATURE OF APPLICANT					
SUPERVISOR OF ALCOHOL AND TOBACCO CONTROL				DATE	

MISSOURI DEPARTMENT OF PUBLIC SAFETY DIVISION OF ALCOHOL AND TOBACCO CONTROL



Salesman permits are required in 11 **CSR 70-2.200**, Rules and Regulations of the Supervisor of Alcohol and Tobacco Control. A salesman of a licensed manufacturer, solicitor or wholesaler, including the owner, partner, officer, director, employee or agent who seeks to take an order for the sale of intoxicating liquor, or promote the sale of intoxicating liquor, must first apply for and receive a salesman permit issued by ATC.

You must complete the following steps:

1. Complete the **application** in detail and sign. Please **print** legibly and use your legal name.
2. Provide **a jpeg** photo of the applicant (without a hat) using a nonwhite background. Photo should be in color and vertically formatted.
3. Email both the completed application and the jpeg photo to gina.paden@dps.mo.gov.
4. Please send each application in a separate email. The subject line should say "Salesman Permit – *Name of Applicant*"
5. There is no fee for this permit.

If you have any questions, contact Gina Paden at gina.paden@dps.mo.gov or (573) 526-2774.