



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**APPLICATION FOR AN OUT-STATE SOLICITOR LICENSE**

**BUSINESS STRUCTURE (choose one)**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>SOLE OWNER</b> (Sole owner must sign the application.)   | <input type="checkbox"/> <b>CORPORATION</b> (Only the Managing Officer can sign application.)               |
| <input type="checkbox"/> <b>PARTNERSHIP</b> (ALL Partners must sign the application.)  | <input type="checkbox"/> <b>LIMITED LIABILITY COMPANY</b> (Only the Managing Officer can sign application.) |
| <input type="checkbox"/> <b>LIMITED LIABILITY OR CORPORATE PARTNERSHIP</b> (Only the Managing Officer can sign application.) |   |

**BUSINESS INFORMATION**

LEGAL NAME OF ENTITY (MUST CORRESPOND WITH TTB PERMIT)

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DOING BUSINESS AS / TRADE NAME	BUSINESS TELEPHONE NUMBER
PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)	COUNTY (IF LOCATED IN MISSOURI)
CITY, STATE, ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	

**LICENSE OPTIONS (choose one)**

The undersigned hereby makes application for a permit to sell to duly licensed wholesalers and to solicit orders for the sale of:

<input type="checkbox"/> Malt liquor containing not in excess of 5% alcohol by weight	<input type="checkbox"/> Vintage Wine Solicitor
<input type="checkbox"/> Intoxicating liquor containing not in excess of 22% alcohol by weight	
<input type="checkbox"/> Intoxicating liquor of all kinds	

EFFECTIVE DATE (IF BLANK, AS SOON AS POSSIBLE)      INDICATE IF LICENSE IS TO BE:

MAILED       PICKED UP IN JEFFERSON CITY

**PARTNERSHIPS → CONTINUE ON PAGE 2 (other business structures continue below)**

**OWNERSHIP & ASSOCIATES**

**PRIMARY POINT OF CONTACT**

Based on the business structure selected above, check the applicable box below and complete the information for that person:

- SOLE OWNER**       **MANAGING OFFICER** (Corporation, LLC, LLP or Corporate Partnership)

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)	CITY	STATE & ZIP CODE	
TELEPHONE NUMBER	E-MAIL ADDRESS		

**SOLE OWNER → CONTINUE ON PAGE 4 | MANAGING OFFICER → CONTINUE ON PAGE 3**

*THIS SECTION INTENTIONALLY LEFT BLANK*

**OWNERSHIP & ASSOCIATES (continued)**

**PARTNER INFORMATION**

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS			
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS			
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS			
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS			
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS			
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS			

**PARTNERSHIPS → CONTINUE ON PAGE 4**

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**SOLE OWNER and PARTNERSHIPS → SKIP TO PAGE 4**

**OWNERSHIP & ASSOCIATES (continued)**

**SHAREHOLDER - MEMBER - OFFICER/DIRECTOR/TRUSTEE INFORMATION**

**one (1) entity per page - use additional Page 3 forms as necessary**

STATE THE LEGAL NAME OF THE ENTITY WHOSE OWNERSHIP IS DESCRIBED BELOW

IS THIS ENTITY PUBLICLY TRADED OR A PRIVATE EQUITY FUND?

YES  NO

LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
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BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*	PERCENTAGE OF OWNERSHIP
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ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER
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LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
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BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*	PERCENTAGE OF OWNERSHIP
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ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER
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LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
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BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*	PERCENTAGE OF OWNERSHIP
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ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER
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LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
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LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
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BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*	PERCENTAGE OF OWNERSHIP
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ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER
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LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
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BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*	PERCENTAGE OF OWNERSHIP
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ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER
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LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
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BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*	PERCENTAGE OF OWNERSHIP
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ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER
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**\*POSITION = OFFICER, DIRECTOR, TRUSTEE, MEMBER, SHAREHOLDER (If an officer AND member/shareholder, enter 'OFFICER')**

*THIS SECTION INTENTIONALLY LEFT BLANK*

**PROCEED TO PAGE 4**

**QUESTIONNAIRE****If additional space is needed for a response, attach a separate sheet of paper.**

- 1 All areas where liquor will be sold or stored **MUST** be listed on the license as part of the legal description. Describe the area(s) which need to be licensed at this location, including number of floors, detached spaces, etc.
- \_\_\_\_\_
- \_\_\_\_\_
- 2 Is there an existing Missouri license at this location? If YES, state the name of that business and/or provide the license number.
- YES  NO \_\_\_\_\_
- 3 a. Specify if the applicant owns, rents or leases the premises to be licensed: \_\_\_\_\_
- b. If the applicant rents or leases the premises, enter landlord's name and address: \_\_\_\_\_
- c. Does the landlord or previous owner have any interest, directly or indirectly, in the business?
- YES  NO If YES, explain: \_\_\_\_\_
- 4 Did the applicant purchase the business?  YES  NO IF YES:
- a. Give the name of the former owner from whom it was purchased: \_\_\_\_\_
- b. State the amount paid for the business: \_\_\_\_\_
- c. State in detail the terms and manner of payment: \_\_\_\_\_
- 5 Is there any person, firm, corporation or other entity holding any mortgage or encumbrance of any kind against the business for which this license is sought?
- YES  NO If YES, state their name, address, amount of the mortgage or encumbrance, and terms of payment: \_\_\_\_\_
- 6 Is there any person, firm, corporation or other entity, other than those listed within this application, who has or will advance, loan or otherwise make available any money for the applicant to purchase or operate the business for which this license is sought?
- YES  NO If YES, state their name and explain the terms: \_\_\_\_\_
- 7 Does the applicant or any of its officers, directors, members, shareholders, or any other person holding or expecting to hold any financial interest in the business, have or will have any interest in a licensed retailer or wholesaler operating in the State of Missouri?
- YES  NO If YES, state their name and the nature of such interest: \_\_\_\_\_
- 8 Is there any person, firm, corporation or other entity, other than those listed within this application, who has or will have a direct or indirect financial investment or interest (including immediate family members) in the business for which the applicant seeks a license?
- YES  NO If YES, state their name and the nature of such interest: \_\_\_\_\_
- 9 Does the applicant, either directly or indirectly, have actual or legal control over any other entity, whether such control is affected through stock ownership or in any other manner?
- YES  NO
- If YES, state the name and address of each such entity and explain extent and manner of such control:
- \_\_\_\_\_
- \_\_\_\_\_
- 10 State the name and address of the bank(s) or other financial institution(s) in which the applicant will maintain the financial accounts for the business.
- \_\_\_\_\_

**QUESTIONNAIRE (continued)****If additional space is needed for a response, attach a separate sheet of paper.**

11 If applying as a Sole Proprietor or General Partnership, skip to question 13. If applying as a corporation or other legal entity, is the managing officer listed in this application an individual in the corporation's or other entity's employ, either as an officer or an employee with the general control and superintendence of the licensed premises, or as an agent, capable of representing and binding the corporation or other entity during all interactions or proceedings with the supervisor or a designated representative dealing with the Liquor Control Law?

YES  NO

12 Has anyone listed within this application ever applied for a license on behalf of themselves or another party which was denied, or had financial interest in a license that was revoked by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county, or city?

YES  NO If YES, provide details: \_\_\_\_\_

13 Has anyone listed within this application ever had financial interest in a license which was suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county, or city?

YES  NO If YES, provide details: \_\_\_\_\_

14 Is there now employed or will the applicant employ in the business sought to be licensed, any person who has 1) had interest in a license or been employed by a licensee whose license was revoked by the Supervisor of Alcohol and Tobacco Control within the last five (5) years, or 2) been convicted of a provision related to the manufacture or sale of intoxicating liquor?

YES  NO If YES, provide details: \_\_\_\_\_

15 Has anyone listed within this application, or any other person or entity with a direct or indirect financial interest in the business, ever been charged with, indicted for, pled guilty to, convicted of, or received a suspended imposition for a violation of any Federal law, law of the State of Missouri or any other state or country, or entered and/or been present in the United States in violation of Federal immigration laws?

YES  NO If YES, provide details: \_\_\_\_\_

16 Has anyone listed within this application, or any other person with a direct or indirect financial interest in the business, been charged with, pled guilty to or been convicted of violating any city or county ordinance relating to intoxicating liquor, gambling, immorality, fighting, peace disturbance, narcotics, or similar concern?

YES  NO If YES, provide details: \_\_\_\_\_

17 Has any entity of which any person listed within this application is/was managing officer, shareholder, director, officer or member ever been charged with, indicted for, received a suspended imposition of sentence for, pled guilty to, or been convicted of a violation of any Federal law, law of the State of Missouri or of any other state or country?

YES  NO If YES, provide details: \_\_\_\_\_

18 Is this application being made by the applicant as a subterfuge to permit any person or entity other than the applicant to secure a license from the Supervisor of Alcohol and Tobacco Control, in your name, for their benefit?

YES  NO If YES, provide details: \_\_\_\_\_

**ACKNOWLEDGEMENTS & AFFIRMATIONS**

**THE MANAGING OFFICER MUST REVIEW EACH SECTION BELOW AND INITIAL ON THE LINE PROVIDED TO ACKNOWLEDGE AND AFFIRM THAT THEY HAVE READ AND UNDERSTAND EACH SECTION.**

\_\_\_\_\_  
(INITIAL) The applicant understands that upon issuance of the liquor license, the licensee must utilize the ATC Online System (instructions for accessing the system will be sent with the license). All products sold in Missouri must be registered prior to soliciting sales for such products. Licensees are required to submit monthly excise reports through the ATC Online System regardless of sales.

\_\_\_\_\_  
(INITIAL) The applicant understands that false answers are grounds for denial of a license.

\_\_\_\_\_  
(INITIAL) The applicant understands that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked, suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control.

\_\_\_\_\_  
(INITIAL) You are required to report any change of fact contained herein to the Division of Alcohol and Tobacco Control in writing within fifteen (15) days.

**ACKNOWLEDGEMENTS & AFFIRMATIONS (continued)****THE MANAGING OFFICER MUST REVIEW EACH SECTION BELOW AND INITIAL ON THE LINE PROVIDED TO ACKNOWLEDGE AND AFFIRM THAT THEY HAVE READ AND UNDERSTAND EACH SECTION.**

\_\_\_\_\_  
(INITIAL) The applicant acknowledges that any license granted by the Supervisor will be subject to the provisions of Chapter 311, RSMo, and the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and that failure to conform thereto will subject its license to suspension, revocation, fine, probation or other discipline by the Supervisor. Further, the applicant agrees to allow inspections made in accordance with the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed Agents to examine and secure copies of any and all business records or documents related in any way to this business, including, but not limited to, those on file with any bookkeeper.

\_\_\_\_\_  
(INITIAL) The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed agents to examine and secure copies of any and all financial records, including without limitation, signature cards, checking and savings account statements, notes and loan documents, deposit and withdrawal records, and escrow documents of its financial institution(s), and any financial documents related to the business.

\_\_\_\_\_  
(INITIAL) The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed agents to conduct a criminal record check of the owner, all partners, the managing officer, all officers, and stockholders or members owning ten percent or more stock or interest in the applying entity.

\_\_\_\_\_  
(INITIAL) The applicant has reviewed the supplemental **Checklist of Requirements for In-State Solicitors** (available at [https://atc.dps.mo.gov/documents/forms/MO\\_829-A0078.pdf](https://atc.dps.mo.gov/documents/forms/MO_829-A0078.pdf)) **OR Checklist of Requirements for Out-State Solicitors** (available at [https://atc.dps.mo.gov/documents/forms/MO\\_829-A0079.pdf](https://atc.dps.mo.gov/documents/forms/MO_829-A0079.pdf)) and has included all necessary documentation with this application form.

I, \_\_\_\_\_, of lawful age, being first duly sworn upon my oath,  
(TYPE OR PRINT NAME(S))  
depose and say that I have read this application and fully understand same and that I know the contents thereof and the answers and statements contained therein and that the same are true.

SIGNATURE OF SOLE OWNER, MANAGING OFFICER, OR PARTNER	DATE	SIGNATURE OF PARTNER	DATE
SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE

**NOTARY INFORMATION**

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**USE RUBBER STAMP IN CLEAR AREA BELOW.****FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW**

Based on the information contained herein, the undersigned forward this application for consideration by the Supervisor of Alcohol and Tobacco Control and hereby recommend that this application be approved and the license issued.

AGENT	DISTRICT SUPERVISOR
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STATE SUPERVISOR
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**PROCEDURE FOR APPLYING FOR AN OUTSTATE SOLICITOR LIQUOR LICENSE (pursuant to section 311.180, RSMo.)**

**ALLOW 10 – 21 DAYS FOR PROCESSING**

1. APPLICATION FOR SOLICITOR LICENSE – Completed and notarized.
2. LICENSE FEE – **Cashier's check or money order** made payable to Missouri Director of Revenue for new license type.
3. NATURALIZATION CERTIFICATE OR PASSPORT – If the sole owner, any partner, or the managing officer of an entity was born outside the U.S., a copy of that individual's naturalization certificate or valid U.S. Passport is required.
4. CRIMINAL RECORD CHECK – A criminal record check dated within six (6) months of the date of application, which includes the 1) individual's full name and any commonly used aliases, 2) date of birth, and 3) social security number. Record checks are required for the 1) sole owner, all partners, or the managing officer (based on the business structure), 2) each officer/director for the applicant entity (regardless of ownership percentage), and 3) each shareholder, member or person owning, legally or beneficially, directly or indirectly, ten percent or more of the stock or interest in the business.
  - a. **Missouri Residents:** Submission of a criminal record check issued by the Missouri State Highway Patrol Criminal Records Division. Missouri record checks can be obtained online or by mail using this link to access the Criminal Record Check Form. <https://www.machs.mo.gov/MACHSFP/home.html>
  - b. **Non-Missouri Residents:** A criminal record check issued from the individual's state in which they reside. [criminal-record-resources.pdf \(mo.gov\)](#)
5. PHOTO(S) – Gray-scale or black and white computer printouts are acceptable so long as features are clear.
  - a. Recent photograph of the sole owner, each partner, or the managing officer (depending on the business structure) without a hat or sunglasses.
  - b. Of the front of the building.
6. CERTIFICATE OF GOOD STANDING – From the Secretary of State or applicable state authority, dated within 90 days for the applicant organization. Not applicable to sole



## CHECKLIST OF REQUIREMENTS FOR OUTSTATE SOLICITOR LICENSE

proprietors or general partnerships. Entities applying within 90 days of forming the entity may submit the Articles of Organization certificate in lieu of a Certificate of Good Standing.

7. COPY OF FEDERAL PERMIT – From TTB (Alcohol Tax & Trade Bureau).
  - a. A federal manufacturer permit or Brewer’s Notice is acceptable for wholesalers distributing product which they produce or manufacture (requires a state manufacturer license under the same legal name, or an application for such submitted in conjunction with the wholesaler application).
  - b. A federal importer or importer/wholesaler permit is required for importing foreign beverage alcohol.
  
8. TAX BOND – A Corporate Bond [form](#) properly executed by a bonding company and signed by the sole owner, all partners, or managing officer; or, an Assignment of Certificate of Deposit [form](#) properly executed by your banking institution and with the notarized signatures of the sole owner, all partners, or managing officer. The initial amount shall be \$1,000.00.
  
9. NOTICE OF INTENT TO SELL/PURCHASE – Required only if the applicant is purchasing an existing licensed business where the sale/closing is pending at the time of application. Please note a signed purchase agreement is required to be submitted with this form.

### **OTHER CONSIDERATIONS:**

- **PRIMARY AMERICAN SOURCE OF SUPPLY – Section 311.275, RSMo, requires all products to be registered with the State of Missouri prior to offering them for sale in Missouri. The ATC Online System is a web based environment allowing all brand labels to be registered electronically. This must be completed right after receiving your liquor license.**
  
- Licensed solicitors may only solicit orders and sell alcoholic beverages to licensed wholesalers in this state. "Primary American Source of Supply" means the manufacturer, bottler or owner of the brand at the time it became a marketable product or the exclusive agent of the above (cannot be both).





Missouri Department of Public Safety Division  
of Alcohol and Tobacco Control  
**CHECKLIST OF REQUIREMENTS FOR OUTSTATE SOLICITOR LICENSE**

Prorated Fee Table (July Fee = Annual Rate)	5S	22S		
	5% Solicitor	22% Solicitor	LS Liquor Solicitor	Vintage Wine Solicitor
July - June 30	\$50.00	\$100.00	\$250.00	\$500.00
Aug - June 30	\$45.83	\$91.67	\$229.17	\$458.33
Sep - June 30	\$41.67	\$83.33	\$208.33	\$416.67
Oct - June 30	\$37.50	\$75.00	\$187.50	\$375.00
Nov - June 30	\$33.33	\$66.67	\$166.67	\$333.33
Dec - June 30	\$29.17	\$58.33	\$145.83	\$291.67
Jan - June 30	\$25.00	\$50.00	\$125.00	\$250.00
Feb - June 30	\$20.83	\$41.67	\$104.17	\$208.33
Mar - June 30	\$16.67	\$33.33	\$83.33	\$166.67
Apr - June 30	\$12.50	\$25.00	\$62.50	\$125.00
May - June 30	\$8.33	\$16.67	\$41.67	\$83.33
Jun 1 - June 30	\$4.17	\$8.33	\$20.83	\$41.67

Licenses are valid from the date the license takes effect through June 30; fees are prorated monthly. Select the current or future month the license should take effect, and the corresponding fee listed is the prorated amount.



**RETURN DOCUMENTS TO:**

<b>District I – Kansas City</b>	<b>District II – Jefferson City</b>	<b>District III – St. Louis</b>	<b>District V – Springfield</b>
Division of Alcohol & Tobacco Control 8800 E. 63 <sup>rd</sup> Street, Ste. 180 Raytown, MO 64133  (816) 743-8888	Division of Alcohol & Tobacco Control 1738 E. Elm St. – Lower Level Jefferson City, MO 65101  (573) 526-4026	Division of Alcohol & Tobacco Control 7545 S. Lindbergh Blvd., Ste. 150 St. Louis, MO 63125  (314) 416-6280	Division of Alcohol & Tobacco Control 505 B East Walnut St. – (Lower Level) Springfield, MO 65806  (417) 895-5004
<b>Servicing (Missouri):</b> Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, Saline, Vernon, Worth	<b>Servicing (Missouri):</b> Adair, Audrain, Boone, Callaway, Camden, Chariton, Clark, Cole, Cooper, Crawford, Franklin, Gasconade, Howard, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pike, Putnam, Ralls, Randolph, Schuyler, Scotland, Shelby, Sullivan, Warren, Washington	<b>Servicing (Missouri):</b> Bollinger, Butler, Cape Girardeau, Dunklin, Jefferson, Lincoln, Madison, Mississippi, New Madrid, Pemiscot, Perry, Scott, St. Charles, St. Francois, St. Louis City, St. Louis Co., Ste. Genevieve, Stoddard, Wayne	<b>Servicing (Missouri):</b> Barry, Barton, Carter, Cedar, Christian, Dade, Dallas, Dent, Douglas, Greene, Hickory, Howell, Iron, Jasper, Laclède, Lawrence, McDonald, Newton, Oregon, Ozark, Phelps, Polk, Pulaski, St. Clair, Reynolds, Ripley, Shannon, Stone, Taney, Texas, Webster, Wright
<b>Non-Missouri:</b> Applicants with a legal name beginning with DIGITS or the letter A through F (exclude the word “The” when determining which district to submit to).	<b>Non-Missouri:</b> Applicants with a legal name beginning with the letter G through O (exclude the word “The” when determining which district to submit to).	<b>Non-Missouri:</b> Applicants with a legal name beginning with the letter P through Q (exclude the word “The” when determining which district to submit to).	<b>Non-Missouri:</b> Applicants with a legal name beginning with the letter R through Z (exclude the word “The” when determining which district to submit to).