



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
APPLICATION FOR ALCOHOL CARRIER

BUSINESS STRUCTURE

☐

SOLE OWNER

☐

PARTNERSHIP (ALL Partners must sign in ALL spaces.)

☐

CORPORATION (Only the Managing Officer can sign application.)

☐

LIMITED LIABILITY COMPANY (Only the Managing Officer can sign application.)

LEGAL NAME OF ENTITY	DOING BUSINESS AS
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PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)
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CITY, STATE, ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	BUSINESS TELEPHONE NUMBER
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GIVE DATE AND PLACE OF INCORPORATION (IF APPLICABLE).	DO YOU HOLD A LICENSE FROM THE INTERSTATE COMMERCE COMMISSION? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state license type and number:
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DO YOU HOLD A LICENSE FROM THE MISSOURI DEPARTMENT OF TRANSPORTATION, MOTOR CARRIER SERVICES, OF THE STATE OF MISSOURI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state license type and number:
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PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE MANAGING OFFICER OF THE LICENSE SOUGHT

LAST NAME		FIRST NAME		MIDDLE INITIAL
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F
CURRENT ADDRESS		CITY	STATE	ZIP
HOME PHONE NUMBER		E-MAIL ADDRESS		

1. Has the managing officer ever made application for a license from the Supervisor of Alcohol and Tobacco Control which was denied? ☐ Yes ☐ No
2. Has the managing officer ever had any license issued by the Supervisor of Alcohol and Tobacco Control of the State of Missouri or by the licensing authority of any other state or city suspended or revoked? ☐ Yes ☐ No
3. Has the managing officer ever been employed by any person, partnership, corporation or limited liability company that had a license revoked or suspended by the Supervisor of Alcohol and Tobacco Control of the State of Missouri? ☐ Yes ☐ No
4. Has the managing officer ever been charged with, indicted for, received a suspended imposition of sentence for, or been convicted of 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
5. Has the managing officer ever been convicted of any crime in any Missouri court or in any court of any other state or country, or any Federal Court? ☐ Yes ☐ No
6. Has the managing officer ever been convicted of the violation of any ordinance of any city relating to intoxicating liquor, gambling, immorality, fighting, or peace disturbance? ☐ Yes ☐ No
7. Has the managing officer ever been convicted of violating any Federal law, or law of any state concerning intoxicating liquor? ☐ Yes ☐ No
8. Is this application being made by the managing officer as a subterfuge to permit any person other than yourself to secure a license from the Supervisor of Alcohol and Tobacco Control, in your name for his benefit? ☐ Yes ☐ No

IF YOU ANSWERED "YES" TO QUESTIONS 1 THROUGH 8, EXPLAIN THE ANSWER IN DETAIL BELOW BY PLACING THE QUESTION NUMBER NEXT TO THE EXPLANATION. USE ADDITIONAL SHEET(S) IF NECESSARY.

QUESTION #	EXPLANATION:

IMPORTANT

You are required to report any change of fact contained herein within ten (10) days!

I understand that false answers made herein may result in the Supervisor's denial of this license application. I agree that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by the Supervisor.

I understand that any license granted by the Supervisor will be subject to the current provisions of Chapter 311 RSMo, and the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and failure to conform thereto will subject my license to suspension or revocation by the Supervisor. Further, I agree to allow inspections made in accordance with the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control or his duly appointed agents to examine and secure copies of any business records or documents established in connection with this business including, but not limited to, those on file with any bookkeeper.

I authorize the Supervisor of Alcohol and Tobacco Control or his duly appointed agents to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my financial institution(s) or any financial records established in connection with the business.

The undersigned partners authorize the Supervisor of Alcohol and Tobacco Control or his duly appointed agents to conduct a criminal record check of all partners.

I, _____, of lawful age, being first duly sworn upon my oath, depose and say
(TYPE OR PRINT NAME)
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 the same are true.

SIGNATURE OF MANAGING OFFICER

DATE

NOTARY INFORMATIONNOTARY PUBLIC EMBOSSER OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AN SWORN BEFORE ME, THIS

USE RUBBER STAMP IN CLEAR AREA BELOW.

DAY OF

YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

FOR OFFICE USE ONLY

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

AGENT

DISTRICT SUPERVISOR

STATE SUPERVISOR



CHECKLIST OF REQUIREMENTS FOR ALCOHOL CARRIERS LICENSE

PROCEDURE APPLYING FOR AN ALCOHOL CARRIERS LICENSE (pursuant to section 311.185.4 RSMo)

ALLOW 10 – 21 DAYS FOR PROCESSING

1. APPLICATION FOR ALCOHOL CARRIERS – Completed and notarized.
2. 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.
3. 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.
 - **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>
 - **Non-Missouri Residents:** A criminal record check issued from the individual's state in which they reside. [criminal-record-resources.pdf \(mo.gov\)](#)
4. 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 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. Required for the applicant entity and all legal entities owning or controlling ten percent or more of the stock or interest in the business.
5. PHOTO(S) – Gray-scale or black and white computer printouts are acceptable so long as features are clear.
 - Recent photograph of the sole owner, each partner, or the managing officer (depending on the business structure) without a hat or sunglasses.



CHECKLIST OF REQUIREMENTS FOR ALCOHOL CARRIERS LICENSE

RETURN DOCUMENTS TO:

District I – Kansas City	District II – Jefferson City	District III – St. Louis	District V – Springfield
Division of Alcohol & Tobacco Control 8800 E. 63 rd Street, Ste. 180 Raytown, MO 64133 (816) 743-8888 Servicing (Missouri): 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 Non-Missouri: 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).	Division of Alcohol & Tobacco Control 1738 E. Elm St. – Lower Level Jefferson City, MO 65101 (573) 526-4026 Servicing (Missouri): 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 Non-Missouri: Applicants with a legal name beginning with the letter G through O (exclude the word “The” when determining which district to submit to).	Division of Alcohol & Tobacco Control 7545 S. Lindbergh Blvd., Ste. 150 St. Louis, MO 63125 (314) 416-6280 Servicing (Missouri): 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 Non-Missouri: Applicants with a legal name beginning with the letter P through Q (exclude the word “The” when determining which district to submit to).	Division of Alcohol & Tobacco Control 505 B East Walnut St. – (Lower Level) Springfield, MO 65806 (417) 895-5004 Servicing (Missouri): Barry, Barton, Carter, Cedar, Christian, Dade, Dallas, Dent, Douglas, Greene, Hickory, Howell, Iron, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozark, Phelps, Polk, Pulaski, St. Clair, Reynolds, Ripley, Shannon, Stone, Taney, Texas, Webster, Wright Non-Missouri: Applicants with a legal name beginning with the letter R through Z (exclude the word “The” when determining which district to submit to).