



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
 APPLICATION TO CHANGE MANAGING OFFICER

CURRENT LICENSE NUMBERS

BUSINESS STRUCTURE

CORPORATION LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY

LEGAL NAME OF ENTITY

DOING BUSINESS AS

PHYSICAL LOCATION ADDRESS OF LICENSED BUSINESS

CITY, STATE, ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

BUSINESS TELEPHONE NUMBER MISSOURI RETAIL SALES TAX NUMBER

IF APPLYING AS A CORPORATION, LLC OR LIMITED PARTNERSHIP, STATE MISSOURI SECRETARY OF STATE FILE NUMBER DATE OF INCORPORATION OR ORGANIZATION

PLACE OF INCORPORATION (CITY/STATE)

INFORMATION FOR NEW MANAGING OFFICER

ATTACH PHOTOGRAPH OF MANAGING OFFICER APPLICANT	LAST NAME		FIRST NAME		MIDDLE INITIAL	
	DATE OF BIRTH	PLACE OF BIRTH		SOCIAL SECURITY NUMBER	SEX	
	HOME PHONE NUMBER		E-MAIL ADDRESS			
	CURRENT ADDRESS			CITY	STATE & ZIP CODE	
	NUMBER OF SHARES OWNED/PERCENTAGE OF MEMBERSHIP INTEREST					
	IS MANAGING OFFICER APPLICANT A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	IF YES, LIST THE DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP.					

CITY, TOWN OR VILLAGE WHERE THE MANAGING OFFICER APPLICANT PAYS TAXES

MANAGING OFFICER APPLICANT IS REGISTERED TO VOTE IN THE FOLLOWING

PRECINCT	CITY	WARD	COUNTY
LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE
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IMPORTANT

FOLLOWING ITEMS MUST BE SUBMITTED WITH APPLICATION

- One Photograph of managing officer.
- Copy of managing officer's personal property or real estate tax receipt.
- Copy of managing officer's voters registration card or certificate.
- Submission of Criminal Record Check issued by the Missouri State Highway Patrol Criminal Records Division dated within six months preceding the date of the application for the new managing officer. The record check must be issued by the Missouri Criminal Records Division, P.O. Box 9500, Jefferson City, MO 65102, (573) 526-6153. Form is available at www.mshp.dps.missouri.gov

Managing officer applicant states that he/she is a person in the licensee's employ, either as an officer or as an employee who is vested with the general control and superintendence of a whole, or a particular part of, the licensee's business, as required by 11 CSR 70-2.030(7).

The managing officer applicant understands that false answers are grounds for denial of a license.

The managing officer 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.

For the purpose of inducing the Supervisor to issue the license herein applied for, applicant represents that the answers and information provided on applicant's initial long form application are still true and correct as of the date below and that there has been no change to those answers and information, including in particular but without limitation answers and information relating to criminal charges or convictions and ownership or management of the business, except for any changes the notice of which has already been filed with the Supervisor, or is being filed with this application.

Applicant acknowledges that the license 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 the failure to conform thereto will subject this license to fine, suspension, revocation, probation, or other discipline by the Supervisor.

Applicant further agrees that he will permit the Supervisor and his agents to inspect at any time the licensed premises and every part of the building and plot of ground under his control and upon which the licensed premises are located, and also any place where applicant may have intoxicating liquor stored. The inspection and copying of business records will be permitted in accordance with the laws and regulations and the agreement contained in the original long form application.

The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his 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.

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 NEW MANAGING OFFICER	DATE
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NOTARY INFORMATION

NOTARY PUBLIC EMBOSSE 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)		

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	SUPERVISOR
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STATE SUPERVISOR