



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
APPLICATION FOR ORIGINAL PACKAGE TASTING LICENSE

LEGAL NAME OF ENTITY	PRIMARY LICENSE NUMBER
DOING BUSINESS AS	
PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)	
CITY, STATE, ZIP CODE	COUNTY
BUSINESS TELEPHONE NUMBER	

The undersigned (individual) (partnership) (corporation) (limited liability company) hereby makes application to the Supervisor of Alcohol and Tobacco Control of the State of Missouri for a license authorizing Original Package Tastings pursuant to Section 311.294, RSMo. The undersigned agrees that if the license herein applied for is granted and the licensee shall violate any law of the State of Missouri or particularly any provision of the Liquor Control Law or any Rule or Regulation of the Supervisor of Alcohol and Tobacco Control or permit any other person to do so upon the licensed premises, the Supervisor may suspend, revoke, fine, place on probation, or otherwise discipline the undersigned's original package license.

Applicant further agrees that he/she will permit the Supervisor and his agents at all times to inspect the licensed premises and every part of the building and plot of ground under his/her control and upon which the licensed premises are located, and also any place where applicant may have intoxicating liquor stored.

SIGNATURE OF 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
STATE SUPERVISOR	