



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

|   |                       |
|---|-----------------------|
| LEGAL NAME OF ENTITY  |                       |
| DOING BUSINESS AS   |                       |
| PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS) |                       |
| CITY, STATE, ZIP CODE   |                       |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE)   | BUSINESS TELEPHONE NO |

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 (IF THERE ARE MORE THAN ONE) | DATE |
| SIGNATURE OF PARTNER (IF THERE ARE MORE THAN ONE) | DATE | SIGNATURE OF PARTNER (IF THERE ARE MORE THAN ONE) | DATE |

**NOTARY INFORMATION**

|   |                                      |                               |
|---|--------------------------------------|-------------------------------|
| NOTARY PUBLIC EMBOSSER OR<br>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<br>EXPIRES      |
| NOTARY PUBLIC NAME (TYPED OR PRINTED)               |                                      |                               |

**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 |                     |



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL  
MANAGING OFFICER APPOINTMENT FORM

# MANAGING OFFICER APPOINTMENT FORM

DATE \_\_\_\_\_

\_\_\_\_\_, has appointed  
(NAME OF CORPORATION OR ORGANIZATION)

\_\_\_\_\_, as Managing  
(NAME OF MANAGING OFFICER)

Officer for the corporation/organization. The Managing Officer 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).

\_\_\_\_\_  
Officer of the Organization

\_\_\_\_\_  
Date(s) of the Event