



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL

APPLICATION TO CHANGE DESCRIPTION OF LICENSED PREMISES

I/We _____
(LEGAL NAME OF BUSINESS ENTITY)

being the holder of _____
(STATE LICENSE TYPE(S)) (STATE LICENSE NUMBER(S))

issued by the Supervisor of Alcohol and Tobacco Control of the State of Missouri on the _____
(MONTH, DAY, YEAR)

do hereby make application to change the description of my licensed premises from the present description which is
as follows: _____

to a new description as follows: _____

Said newly described premises are _____ feet from the nearest school, church, or other building regularly used as a place of religious worship.

Name and address of landlord and amount of rent is _____

(attach copy of lease or rental agreement).

I/we, _____, of lawful age, being first duly sworn upon my/our oath(s), depose and say that I/we have read this application and fully understand same and that I/we know the contents thereon and the answers and statements contained therein and that the same are true.

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 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) _____	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 _____