



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**DROPPING OF PARTNER**

The following partners,

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 NAME

being duly sworn upon their oaths, state that on or about \_\_\_\_\_  
 (MONTH, DAY, YEAR)

the Supervisor of Alcohol and Tobacco Control of the State of Missouri issued to them as a partnership the

following license \_\_\_\_\_, \_\_\_\_\_, expiring \_\_\_\_\_, authorizing them to  
 (LICENSE TYPE) (LICENSE NUMBER) (MONTH, DAY, YEAR)

engage in business at \_\_\_\_\_  
 (STREET ADDRESS, CITY, STATE)

They further state that \_\_\_\_\_ and \_\_\_\_\_  
 (PARTNER) (PARTNER)

have withdrawn from said partnership, and they request the Supervisor of Alcohol and Tobacco Control of the State of

Missouri to permit the remaining partner(s) \_\_\_\_\_ and \_\_\_\_\_  
 (PARTNER) (PARTNER)

to continue to operate under said license for the remainder of the period for which said license was granted.

SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE
SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE

<b>NOTARY INFORMATION</b>			
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AN SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

<b>APPROVED BY</b>	
AGENT	DISTRICT SUPERVISOR