



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
MAILING ADDRESS REQUEST

TYPE OR USE ONLY BLACK INK TO COMPLETE THIS APPLICATION

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

I/We, _____
MANAGING OFFICER OF CORPORATION OR LLC, OR ALL MEMBERS OF PARTNERSHIP, OR SOLE OWNER)

do hereby request the following address to be used by the Division of Alcohol and Tobacco Control as a mailing address to send all correspondence:

STREET ADDRESS OR P.O. BOX NUMBER		
CITY	STATE	ZIP CODE

SIGNATURE OF MANAGING OFFICER, SOLE OWNER OR PARTNER	DATE
SIGNATURE OF PARTNER	DATE
SIGNATURE OF PARTNER	DATE
SIGNATURE OF PARTNER	DATE