



**MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
APPLICATION FOR REFUND**

Name of Corporation, Individual, Partnership, LLC (exact name)

Doing Business As

Address

City	State	Zip Code
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License Number	License Type
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Being duly sworn on his/its oath, says that he/it has never used the license issued to him/it by the Supervisor of Alcohol and Tobacco Control of the State of Missouri for the year commencing _____, that said license is attached hereto or at Central Office , and he/it requests a refund of the amount paid by him/it for said license \$_____ and requests that the refund in this amount be mailed to him/it at the following address:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____

SIGNATURE OF M.O., OWNER, PARTNER	DATE	SIGNATURE OF PARTNER	DATE
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SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE
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NOTARY PUBLIC

Subscribed and sworn to before me this _____ day of _____ 20____.

NOTARY PUBLIC SIGNATURE

My Commission expires on the _____ day of _____ 20____.

FOR OFFICE USE ONLY

Refund Recommended Not Recommended by Agent

AGENT SIGNATURE	DATE
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DISTRICT SUPERVISOR SIGNATURE	DATE
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SUPERVISOR OF ALCOHOL AND TOBACCO CONTROL SIGNATURE	DATE
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