



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
 APPLICATION TO CHANGE OR REASSIGN OFFICER

BUSINESS INFORMATION

LEGAL NAME OF ENTITY		CURRENT LICENSE NUMBER
DOING BUSINESS AS	BUSINESS PHONE NUMBER	
PHYSICAL LOCATION ADDRESS OF LICENSED BUSINESS	CITY, STATE & ZIP CODE	
NAME OF CURRENT MANAGING OFFICER		
MANAGING OFFICER'S EMAIL ADDRESS		

INFORMATION FOR NEW OFFICER/MEMBER/SHAREHOLDER

POSITION*		REPLACES	
LAST NAME	FIRST NAME	MIDDLE INITIAL	
PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
ADDRESS	CITY, STATE & ZIP CODE	PHONE NUMBER	
PREVIOUS ADDRESS	CITY, STATE & ZIP CODE	PERIOD OF RESIDENCE	
NUMBER OF SHARES OWNED /% MEMBERSHIP INTEREST			

NEW OFFICER (if applicable)

POSITION*		REPLACES	
LAST NAME	FIRST NAME	MIDDLE INITIAL	
PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
ADDRESS	CITY, STATE & ZIP CODE	PHONE NUMBER	
PREVIOUS ADDRESS	CITY, STATE & ZIP CODE	PERIOD OF RESIDENCE	
NUMBER OF SHARES OWNED /% MEMBERSHIP INTEREST			

NEW OFFICER (if applicable)

POSITION*		REPLACES	
LAST NAME	FIRST NAME	MIDDLE INITIAL	
PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
ADDRESS	CITY, STATE & ZIP CODE	PHONE NUMBER	
PREVIOUS ADDRESS	CITY, STATE & ZIP CODE	PERIOD OF RESIDENCE	
NUMBER OF SHARES OWNED /% MEMBERSHIP INTEREST			

LIST OF CURRENT OFFICERS/OWNERS

POSTION *	NAME	NUMBER OF SHARES OWNED / % MEMBERSHIP INTEREST

***POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR**

		YES	NO
1	Does anyone listed on this application have any direct or indirect financial interest in any brewery winery distillery, rectifying or blending plant, or liquor or beer concern, either as part owner, shareholder, agent, employee or otherwise? If so, give details: _____	<input type="checkbox"/>	<input type="checkbox"/>
2	Does any person or entity listed on this application or any member of their household or immediate families have an interest in any license issued by the Supervisor of Alcohol and Tobacco Control that is now in force? If so, give details: _____	<input type="checkbox"/>	<input type="checkbox"/>
3	Has any party listed on this application ever held a license from the Supervisor of Alcohol and Tobacco Control, or ever had a financial interest in any entity which held such a license? If so, give name of license and location of premise: _____	<input type="checkbox"/>	<input type="checkbox"/>
4	Has any party listed on this application ever made application for a license which was denied by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county or city? If so, give details: _____	<input type="checkbox"/>	<input type="checkbox"/>
5	Have any of the parties listed on this application ever held a license or had a financial interest in a license which was suspended, revoked, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county or city? If so, give details: _____	<input type="checkbox"/>	<input type="checkbox"/>
6	Has anyone listed on this application, or any person with an interest in the preceding, ever been employed by any entity that has had a license revoked, suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control? If so, give details: _____	<input type="checkbox"/>	<input type="checkbox"/>
7	Has any person or entity listed on this application, or any other person with a direct or indirect financial interest in the business ever been charged with or indicted for, received a suspended imposition of sentence for, or been convicted of a violation of any Federal law, law of the State of Missouri or any other state or country, or entered and/or been present in the United States in violation of Federal immigration laws? If so, give details: _____	<input type="checkbox"/>	<input type="checkbox"/>
8	Has any person or entity listed on this application, or any other person with a direct or indirect financial interest in the business ever been convicted of the violation of any city ordinance relating to intoxicating liquor, gambling, immorality, fighting, peace disturbance or narcotics? If so, give details: _____	<input type="checkbox"/>	<input type="checkbox"/>

- 9 Has any person or entity listed on this application, or any other person with a direct or indirect financial interest in the business ever been convicted of the violation of any Federal law, law of the State of Missouri or any other state or country concerning intoxicating liquor? If so, give details: _____
- 10 Has any entity of which any person listed on this application has been managing officer, shareholder, director, officer or member ever been charged with, indicted for, received a suspended imposition of sentence for, or been convicted of a violation of any Federal law, law of the State of Missouri or of any other state or country? If so, give details: _____

You must Submit a Criminal Record Check issued by the Missouri State Highway Patrol Criminal Records Division dated within six (6) months of the date of the application for each new officer, each new director, and each new shareholder, member or person owning, legally or beneficially, directly or indirectly, ten percent or more of the stock or interest in the business. MSHP (background check information) <https://www.machs.msph.dps.mo.gov/MocchWebInterface/home.html> (573) 526-6312

IMPORTANT

Licensee represents that, except for changes reported on this application, all information provided on the original long form application is true and correct as of the date below. Pursuant to 11 CSR 70-2.030(1), the licensee is required to report any change of fact during the period for which the license is granted by submitting the correct documentation within ten (10) days after the change to the Supervisor of Alcohol and Tobacco Control.

SIGNATURE OF NEW MANAGING OFFICER	DATE
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NOTARY INFORMATION

NOTARY PUBLIC EMBOSSEER 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
	USE RUBBER STAMP IN CLEAR AREA BELOW	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

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	SUPERVISOR
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STATE SUPERVISOR