



CHECKLIST OF REQUIREMENTS FOR A SEASONAL RESORT 'RENEWAL'

PROCEDURE FOR RETURNING SEASONAL RESORT LICENSEES WHO WERE LICENSED THE PREVIOUS YEAR AS SUCH

ALLOW 10 – 21 DAYS FOR PROCESSING

1. PRIMARY RETAIL APPLICATION – Completed and notarized.
2. LICENSING FEE – **Money Order or Cashier's Check** made payable to Missouri Director of Revenue for \$25.00 per month the business intends to operate (maximum of eight (8) CONSECUTIVE months or \$200.00).
3. CRIMINAL RECORD CHECK – A criminal record check dated within six (6) months of the date of application, which includes the 1) individual's full name and any commonly used aliases, 2) date of birth, and 3) social security number. Record checks are required for the 1) sole owner, all partners, or the managing officer (based on the business structure), 2) each officer/director for the applicant entity (regardless of ownership percentage), and 3) each shareholder, member or person owning, legally or beneficially, directly or indirectly, ten percent or more of the stock or interest in the business.
 - **Missouri Residents:** Submission of a criminal record check issued by the Missouri State Highway Patrol Criminal Records Division. Missouri record checks can be obtained online or by mail using this link to access the Criminal Record Check Form. <https://www.machs.mo.gov/MACHSFP/home.html>
 - **Non-Missouri Residents:** A criminal record check issued from the individual's state in which they reside. [criminal-record-resources.pdf \(mo.gov\)](#)
4. MISSOURI RETAIL SALES TAX LICENSE – From the Missouri Department of Revenue, (573) 751-5860, listing the proper legal name of the applicant (sole proprietor, partnership, or entity) applying for the license, the Doing Business As (DBA) or trade name*, and the correct physical address of the business. If you are in a particular unit(s) or suite(s), this should be listed as part of the address on the sales tax license. *Note: [RSMo. 417.200](#) requires that every name under which any person shall do or transact any business in this state, other than the true name of such person, is considered a fictitious name, and it shall be unlawful to engage in or transact any business under a fictitious name without first registering it with the [secretary of state](#). Additionally, 11 CSR 70-2.140(23) requires that the DBA or trade name used on exterior signage or advertising to be accurately reflected on the state liquor license.*
5. CERTIFICATE OF NO TAX DUE – From the Missouri Department of Revenue; must be dated within 90 days and addressed "To Supervisor of Liquor Control." **Required regardless of exemption status.** Can be obtained [online](#) with the Tax ID and PIN, or byphone at (573) 751-9268.



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6. **CERTIFICATE OF GOOD STANDING** – From the Secretary of State or applicable state authority, dated within 90 days for the applicant organization. Not applicable to sole proprietors or general partnerships. Entities applying within 90 days of forming the entity may submit the Articles of Organization certificate in lieu of a Certificate of Good Standing. Required for the applicant entity and all legal entities owning or controlling ten percent or more of the stock or interest in the business.
7. **SEASONAL RESORT CERTIFICATION** – Certification for Seasonal Resort completed and notarized.
8. **VERIFICATION OF GROSS RECEIPTS** – Seasonal resort schedule of gross receipts. See page 3 of this checklist.

RETURN DOCUMENTS TO:

District I – Kansas City	District II – Jefferson City	District III – St. Louis	District V – Springfield
Division of Alcohol & Tobacco Control 8800 E. 63 rd Street, Ste. 180 Raytown, MO 64133	Division of Alcohol & Tobacco Control 1738 E. Elm St. – Lower Level Jefferson City, MO 65101	Division of Alcohol & Tobacco Control 7545 S. Lindbergh Blvd., Ste. 150 St. Louis, MO 63125	Division of Alcohol & Tobacco Control 505 B East Walnut St. – (Lower Level) Springfield, MO 65806
(816) 743-8888	(573) 526-4026	(314) 416-6280	(417) 895-5004
Servicing: Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, Saline, Vernon, Worth	Servicing: Adair, Audrain, Boone, Callaway, Camden, Chariton, Clark, Cole, Cooper, Crawford, Franklin, Gasconade, Howard, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pike, Putnam, Ralls, Randolph, Schuyler, Scotland, Shelby, Sullivan, Warren, Washington	Servicing: Bollinger, Butler, Cape Girardeau, Dunklin, Jefferson, Lincoln, Madison, Mississippi, New Madrid, Pemiscot, Perry, Scott, St. Charles, St. Francois, St. Louis City, St. Louis Co., Ste. Genevieve, Stoddard, Wayne	Servicing: Barry, Barton, Carter, Cedar, Christian, Dade, Dallas, Dent, Douglas, Greene, Hickory, Howell, Iron, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozark, Phelps, Polk, Pulaski, St. Clair, Reynolds, Ripley, Shannon, Stone, Taney, Texas, Webster, Wright



Missouri Department of Public Safety
Division of Alcohol and Tobacco Control

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MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL

VERIFICATION OF FOOD AND ALCOHOL SALES/SCHEDULE OF GROSS RECEIPTS

NAME OF CORPORATION, INDIVIDUAL, PARTNERSHIP, LLC							
DOING BUSINESS AS							
ADDRESS							
CITY				STATE		ZIP CODE	
BEGINNING PERIOD				ENDING PERIOD			
BREAKDOWN OF FOOD AND ALCOHOL SALES BY MONTH							
MONTH	FOOD - CONSUMED ON PREMISE	FOOD - CARRY OUT	ALCOHOL	MONTH	FOOD - CONSUMED ON PREMISE	FOOD - CARRY OUT	ALCOHOL
Jan				July			
Feb				Aug			
Mar				Sept			
Apr				Oct			
May				Nov			
June				Dec			
				TOTAL			
GROSS RECEIPTS (ALL SALES)				ALL NON-ALCOHOLIC SALES (I.E., ALL FOOD SALES, DOOR CHARGES, POOL TABLE RECEIPTS, ETC.)			
\$				\$			
<p>I understand that this certification is required by law and by the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and I certify under oath that I have examined the attached schedule of Food and Alcohol Sales and the attached Schedule of Gross Receipts and that they are true and accurate.</p>							
SIGNATURE OF M.O., OWNER, PARTNER			DATE	SIGNATURE OF PARTNER			DATE
SIGNATURE OF PARTNER			DATE	SIGNATURE OF PARTNER			DATE

MO 812-1154N (11-04)