



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**APPLICATION FOR A WINE DIRECT SHIPPER LICENSE**

**BUSINESS STRUCTURE (choose one)**

<input type="checkbox"/> <b>SOLE OWNER</b> (Sole owner must sign the application.)	<input type="checkbox"/> <b>CORPORATION</b> (Only the Managing Officer can sign application.)
<input type="checkbox"/> <b>PARTNERSHIP</b> (ALL Partners must sign the application.)	<input type="checkbox"/> <b>LIMITED LIABILITY COMPANY</b> (Only the Managing Officer can sign application.)
<input type="checkbox"/> <b>LIMITED LIABILITY OR CORPORATE PARTNERSHIP</b> (Only the Managing Officer can sign application.)	

**BUSINESS INFORMATION**

LEGAL NAME OF ENTITY (MUST CORRESPOND WITH TTB PERMIT)

DOING BUSINESS AS / TRADE NAME

BUSINESS TELEPHONE NUMBER

PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)

COUNTY (IF LOCATED IN MISSOURI)

CITY, STATE, ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

**LICENSE**

The undersigned hereby makes application for an annual wine direct shipper license pursuant to Section 311.185, RSMo. Applicant agrees that if the license herein applied for is granted, and the licensee shall violate any law of the State of Missouri and particularly any provision of the Liquor Control Law and amendments thereto or any Rule or Regulation of the Supervisor of Alcohol and Tobacco Control or permit any other person to do so upon the premises, the Supervisor may suspend, revoke, fine, or take other disciplinary action against the license. Applicant agrees that they will maintain an alcoholic beverage license, issued in this state or any other state, to manufacture wine on the premises, and a winery license from the Alcohol and Tobacco Tax and Trade Bureau pursuant to Section 311.185.1, RSMo.

EFFECTIVE DATE (IF BLANK, AS SOON AS POSSIBLE)

INDICATE IF LICENSE IS TO BE:

MAILED

PICKED UP IN JEFFERSON CITY

**PARTNERSHIPS → CONTINUE ON PAGE 2 (other business structures continue below)**

**OWNERSHIP & ASSOCIATES**

**PRIMARY POINT OF CONTACT**

Based on the business structure selected above, check the applicable box below and complete the information for that person:

**SOLE OWNER**

**MANAGING OFFICER** (Corporation, LLC, LLP or Corporate Partnership)

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

BIRTH STATE OR COUNTRY

SOCIAL SECURITY NUMBER

SEX

M

F

PERCENTAGE OF OWNERSHIP

HOME ADDRESS (NO PO BOXES)

CITY

STATE & ZIP CODE

IS THE PERSON A NATURALIZED CITIZEN?

TELEPHONE NUMBER

E-MAIL ADDRESS

YES  NO

**SOLE OWNER → CONTINUE ON PAGE 4**

**MANAGING OFFICER → CONTINUE ON PAGE 3**

*THIS SECTION INTENTIONALLY LEFT BLANK*

**SOLE OWNER → SKIP TO PAGE 4****MANAGING OFFICER → SKIP TO PAGE 3****OWNERSHIP & ASSOCIATES (continued)****PARTNER INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)	CITY	STATE & ZIP CODE	
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER	E-MAIL ADDRESS	
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)	CITY	STATE & ZIP CODE	
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER	E-MAIL ADDRESS	
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)	CITY	STATE & ZIP CODE	
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER	E-MAIL ADDRESS	
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)	CITY	STATE & ZIP CODE	
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER	E-MAIL ADDRESS	

**PARTNERSHIPS → CONTINUE ON PAGE 4****THIS SECTION INTENTIONALLY LEFT BLANK**

# SOLE OWNER and PARTNERSHIPS → SKIP TO PAGE 4

## OWNERSHIP & ASSOCIATES (continued)

### SHAREHOLDER - MEMBER - OFFICER/DIRECTOR/TRUSTEE INFORMATION

**one (1) entity per page - use additional Page 3 forms as necessary**

STATE THE LEGAL NAME OF THE ENTITY WHOSE OWNERSHIP IS DESCRIBED BELOW

IS THIS ENTITY PUBLICLY TRADED OR A PRIVATE EQUITY FUND?

YES  NO

LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*		PERCENTAGE OF OWNERSHIP
		<input type="checkbox"/> M <input type="checkbox"/> F			
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*		PERCENTAGE OF OWNERSHIP
		<input type="checkbox"/> M <input type="checkbox"/> F			
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*		PERCENTAGE OF OWNERSHIP
		<input type="checkbox"/> M <input type="checkbox"/> F			
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*		PERCENTAGE OF OWNERSHIP
		<input type="checkbox"/> M <input type="checkbox"/> F			
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*		PERCENTAGE OF OWNERSHIP
		<input type="checkbox"/> M <input type="checkbox"/> F			
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*		PERCENTAGE OF OWNERSHIP
		<input type="checkbox"/> M <input type="checkbox"/> F			
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER

**\*POSITION = OFFICER, DIRECTOR, TRUSTEE, MEMBER, SHAREHOLDER** (If an officer AND member/shareholder, enter 'OFFICER')

**THIS SECTION INTENTIONALLY LEFT BLANK**

**QUESTIONNAIRE****If additional space is needed for a response, attach a separate sheet of paper.**

1 Will any of the wine manufactured on the premises to be licensed be stored at an offsite storage location/fulfillment center for the purpose of future direct to consumer sales in Missouri?  
 YES    NO   If YES, provide the name and address of each facility at which wine may be stored for such purposes.

2 Is there an existing Missouri license at this location?      If YES, state the name of that business and/or provide the license number.  
 YES    NO \_\_\_\_\_

3 Is there any person, firm, corporation or other entity holding any mortgage or encumbrance of any kind against the business for which this license is sought?  
 YES    NO   If YES, state their name, address, amount of the mortgage or encumbrance, and terms of payment:  
\_\_\_\_\_

4 Is there any person, firm, corporation or other entity, other than those listed within this application, who has, or will, advance, loan or otherwise make available any money for the applicant to purchase or operate the business for which this license is sought?  
 YES    NO   If YES, state their name and explain the terms: \_\_\_\_\_

5 Does the applicant or any of its officers, directors, members, shareholders, or any other person holding or expecting to hold any financial interest in the business, have or will have any interest in a licensed retailer or wholesaler operating in the State of Missouri?  
 YES    NO   If YES, state their name and the nature of such interest: \_\_\_\_\_

6 Is there any person, firm, corporation or other entity, other than those listed within this application, who has or will have a direct or indirect financial investment or interest (including immediate family members) in the business for which the applicant seeks a license?  
 YES    NO   If YES, state their name and the nature of such interest: \_\_\_\_\_

7 a Does the applicant, either directly or indirectly, have actual or legal control over any other entity, whether such control is affected through stock ownership or in any other manner?       YES    NO  
b Will the applicant, either directly or indirectly, be actually or legally controlled by any other entity not disclosed on page 3, whether such control is affected through stock ownership or in any other manner?       YES    NO  
c If you answered YES to 9a and/or 9b, provide the name and address of each such entity and explain the extent and manner of such control.

8 State the name and address of the bank(s) or other financial institution(s) in which the applicant will maintain the financial accounts for the business.  
\_\_\_\_\_

9 Is the managing officer an employee or an officer of the applicant entity who is vested with the general control and superintendence of a whole, or a particular part of, the applicant's business at a particular place?  
 YES    NO       Not applicable (Sole Owner & Partnership applicants, as indicated on page 1)

10 Has anyone listed within this application ever applied for a license on behalf of themselves or another party which was denied, or had a license that was revoked, by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county or city?  
 YES    NO   If YES, provide details: \_\_\_\_\_

11 Has anyone listed within this application ever held a license or had a financial interest in a license which was suspended, 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?  
 YES    NO   If YES, provide details: \_\_\_\_\_

**QUESTIONNAIRE (continued)****If additional space is needed for a response, attach a separate sheet of paper.**

12 Is there now employed or will the applicant employ in the business sought to be licensed, any person who has 1) had interest in a license which was revoked by the Supervisor of Alcohol and Tobacco Control within the last five (5) years, or 2) been convicted of a provision related to the manufacture or sale of intoxicating liquor?

YES    NO   If YES, provide details: \_\_\_\_\_

13 Has anyone listed within this application, or any other person or entity with a direct or indirect financial interest in the business, ever been charged with, indicted for, pled guilty to, convicted of, or received a suspended imposition for 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?

YES    NO   If YES, provide details: \_\_\_\_\_

14 Has anyone listed within this application, or any other person with a direct or indirect financial interest in the business, been charged with, pled guilty to or been convicted of violating any city or county ordinance relating to intoxicating liquor, gambling, immorality, fighting, peace disturbance, narcotics, or similar concern?

YES    NO   If YES, provide details: \_\_\_\_\_

15 Has any entity of which any person listed within this application is/was managing officer, shareholder, director, officer or member ever been charged with, indicted for, received a suspended imposition of sentence for, pled guilty to, or been convicted of a violation of any Federal law, law of the State of Missouri or of any other state or country?

YES    NO   If YES, provide details: \_\_\_\_\_

16 Is this application being made by the applicant as a subterfuge to permit any person or entity other than the applicant to secure a license from the Supervisor of Alcohol and Tobacco Control, in your name, for their benefit?

YES    NO   If YES, provide details: \_\_\_\_\_

**ACKNOWLEDGEMENTS & AFFIRMATIONS**

**THE SOLE OWNER, ALL PARTNERS, OR MANAGING OFFICER MUST REVIEW AND INITIAL EACH SECTION BELOW TO ACKNOWLEDGE AND AFFIRM THAT THEY HAVE READ AND UNDERSTAND EACH PROVISION.**

The applicant understands that upon issuance of the liquor license, the licensee must utilize the ATC Online System (instructions (INITIAL) for accessing the system will be sent with the license).

The applicant agrees they must adhere to the standards established for wine direct shipper licensees, file excise tax reports, remit (INITIAL) payment annually, and permit audits by the Division of Alcohol and Tobacco Control pursuant to Section 311.185.2, RSMo.

The applicant understands that false answers are grounds for denial of a license.  
(INITIAL)

The applicant understands that if any statements or answers made herein are untrue and the license herein applied for is granted, (INITIAL) such license may be revoked, suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control.

The applicant acknowledges they are required to report any change of fact contained herein to the Division of Alcohol and (INITIAL) Tobacco Control in writing within fifteen (15) days.

The applicant acknowledges that any license granted by the Supervisor will be subject to the provisions of Chapter 311, RSMo, (INITIAL) and the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and that failure to conform thereto will subject its license to suspension, revocation, fine, probation or other discipline by the Supervisor. Further, the applicant agrees to allow inspections made in accordance with the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed Agents to examine and secure copies of any and all business records or documents related in any way to this business, including, but not limited to, those on file with any bookkeeper.

The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed agents to examine and secure (INITIAL) copies of any and all financial records, including without limitation, signature cards, checking and savings account statements, notes and loan documents, deposit and withdrawal records, and escrow documents of its financial institution(s), and any financial documents related to the business.

**ACKNOWLEDGEMENTS & AFFIRMATIONS (continued)**

**THE SOLE OWNER, ALL PARTNERS, OR MANAGING OFFICER MUST REVIEW AND INITIAL EACH SECTION BELOW TO ACKNOWLEDGE AND AFFIRM THAT THEY HAVE READ AND UNDERSTAND EACH PROVISION.**

The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed agents to conduct a criminal (INITIAL) record check of the owner, all partners, the managing officer, all officers, and stockholders or members owning ten percent or more stock or interest in the applying entity.

The applicant has reviewed the supplemental **Checklist of Requirements for Wine Direct Shippers** (available at (INITIAL) [https://atc.dps.mo.gov/documents/forms/MO\\_829-A0141.pdf](https://atc.dps.mo.gov/documents/forms/MO_829-A0141.pdf)) and has included all necessary documentation with this application form.

I, \_\_\_\_\_, of lawful age, being first duly sworn upon my oath, (TYPE OR PRINT NAME(S))

depose and say that I have read this application and fully understand same and that I know the contents thereof and the answers and statements contained therein and that the same are true.

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

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

**NOTARY INFORMATION**

NOTARY PUBLIC EMBOSSE 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
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

**FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW**

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	DISTRICT SUPERVISOR
-------	---------------------

STATE SUPERVISOR
------------------