



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
**APPLICATION FOR MANUFACTURER-SOLICITOR, WHOLESALER,
 DOMESTIC WINERY OR MICROBREWERY LIQUOR LICENSE**

SECTION A. BUSINESS STRUCTURE

- SOLE OWNER**
- PARTNERSHIP** (ALL Partners must sign in ALL spaces.)
- CORPORATION** (Only the Managing Officer can sign application.)
- LIMITED LIABILITY COMPANY** (Only the Managing Officer can sign application.)

LEGAL NAME OF ENTITY

DOING BUSINESS AS

PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS)

CITY, STATE, ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

| | |
|---------------------------|----------------------------------|
| BUSINESS TELEPHONE NUMBER | MISSOURI RETAIL SALES TAX NUMBER |
|---------------------------|----------------------------------|

| | |
|--|---------------------------------------|
| IF APPLYING AS CORPORATION, LLC OR PARTNERSHIP, PLEASE STATE MISSOURI SECRETARY OF STATE FILE NUMBER | DATE OF INCORPORATION OR ORGANIZATION |
|--|---------------------------------------|

| | | |
|---|---|---------------------------------------|
| PLACE OF INCORPORATION OR ORGANIZATION (CITY/STATE) | IS CORPORATION OR LLC NON-PROFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PROVIDE IRS TAX EXEMPT NUMBER |
|---|---|---------------------------------------|

SECTION B. LICENSE TYPE (Please indicate license type applicant is applying for)

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer-Solicitor, all kinds (LMS) | <input type="checkbox"/> Wholesaler-Solicitor, all kinds (LWS) |
| <input type="checkbox"/> Manufacturer-Solicitor, 22% alcohol or less (22MS) | <input type="checkbox"/> Wholesaler-Solicitor, 22% alcohol or less (22WS) |
| <input type="checkbox"/> 5% Manufacturer-Solicitor, malt liquor (5MS) | <input type="checkbox"/> 5% Wholesaler-Solicitor, malt liquor (5WS) |
| <input type="checkbox"/> Microbrewery (\$5.00 per 100 barrels) | <input type="checkbox"/> Domestic Winery \$5.00 per 500 gallons |

1 Has applicant secured all necessary Federal permits? YES NO

2 State permit number(s) issued by the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB).

3 State business experience of applicant, giving experience, if any, pertaining to the manufacture or distribution of intoxicating liquor.

4 Give three business references with addresses.

5 List the names of all manufacturers or distributors of distilled spirits, wine or malt beverages who have designated the applicant as their distributing agent and specify the territory covered for each such designation.

6 Does applicant have its own sales organization? YES NO If yes, specify nature and extent thereof.

SOLE OWNER - PARTNER - MANAGING OFFICER INFORMATION

THE INFORMATION GIVEN IN THIS SECTION IS FOR THE (CHECK THE ONE THAT APPLIES):\

SOLE OWNER MANAGING OFFICER PARTNER

| | | | | | | |
|---|---|----------------|----------------|------------------------|--|--|
| ATTACH PHOTOGRAPH OF SOLE OWNER MANAGING OFFICER OR PARTNER | LAST NAME | | FIRST NAME | | MIDDLE INITIAL | |
| | DATE OF BIRTH | PLACE OF BIRTH | | SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | |
| | HOME PHONE NUMBER | | E-MAIL ADDRESS | | | |
| | CURRENT ADDRESS | | | CITY | STATE & ZIP CODE | |
| | NUMBER OF SHARES OWNED/PERCENTAGE OF MEMBERSHIP INTEREST | | | | | |
| | IS SOLE OWNER, MANAGING OFFICER OR PARTNER A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| | IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP. | | | | | |

CITY, TOWN OR VILLAGE WHERE THE SOLE OWNER, MANAGING OFFICER OR PARTNER PAYS TAXES

SOLE OWNER, MANAGING OFFICER OR PARTNER IS REGISTERED TO VOTE IN THE FOLLOWING

| | | | |
|----------|------|------|--------|
| PRECINCT | CITY | WARD | COUNTY |
|----------|------|------|--------|

| | | | |
|---|------|------------------|-------------------|
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |

*****IF APPLYING AS A CORPORATION OR LIMITED LIABILITY COMPANY GO TO PAGE 4*****
*****IF APPLYING AS A SOLE OWNER GO TO PAGE 5*****

PARTNER

| | | | | | | |
|---------------------------------------|---|----------------|----------------|------------------------|--|--|
| ATTACH PHOTOGRAPH OF PARTNER | LAST NAME | | FIRST NAME | | MIDDLE INITIAL | |
| | DATE OF BIRTH | PLACE OF BIRTH | | SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | |
| | HOME PHONE NUMBER | | E-MAIL ADDRESS | | | |
| | CURRENT ADDRESS | | | CITY | STATE & ZIP CODE | |
| | IS PARTNER A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| | IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP. | | | | | |
| | CITY, TOWN OR VILLAGE WHERE PARTNER PAYS TAXES | | | | | |

CITY, TOWN OR VILLAGE WHERE PARTNER PAYS TAXES

PARTNER IS REGISTERED TO VOTE IN THE FOLLOWING

| | | | |
|----------|------|------|--------|
| PRECINCT | CITY | WARD | COUNTY |
|----------|------|------|--------|

| | | | |
|---|------|------------------|-------------------|
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |

*******IF APPLYING AS A SOLE OWNER OR PARTNERSHIP WITH TWO OR FEWER PARTNERS, GO TO PAGE 5*******

PARTNER INFORMATION

PARTNER (IF THERE ARE MORE THAN TWO)

| | | | | | | |
|---|---|----------------|----------------|------------------------|--|--|
| ATTACH PHOTOGRAPH OF PARTNER (IF THERE ARE MORE THAN TWO) | LAST NAME | | FIRST NAME | | MIDDLE INITIAL | |
| | DATE OF BIRTH | PLACE OF BIRTH | | SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | |
| | HOME PHONE NUMBER | | E-MAIL ADDRESS | | | |
| | CURRENT ADDRESS | | | CITY | STATE & ZIP CODE | |
| | IS PARTNER A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| | IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP. | | | | | |

CITY, TOWN OR VILLAGE WHERE PARTNER PAYS TAXES

PARTNER IS REGISTERED TO VOTE IN THE FOLLOWING

| | | | |
|----------|------|------|--------|
| PRECINCT | CITY | WARD | COUNTY |
|----------|------|------|--------|

| | | | |
|---|------|------------------|-------------------|
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |

PARTNER (IF THERE ARE MORE THAN THREE)

| | | | | | | |
|---|---|----------------|----------------|------------------------|--|--|
| ATTACH PHOTOGRAPH OF PARTNER (IF THERE ARE MORE THAN THREE) | LAST NAME | | FIRST NAME | | MIDDLE INITIAL | |
| | DATE OF BIRTH | PLACE OF BIRTH | | SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | |
| | HOME PHONE NUMBER | | E-MAIL ADDRESS | | | |
| | CURRENT ADDRESS | | | CITY | STATE & ZIP CODE | |
| | IS PARTNER A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| | IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP. | | | | | |

CITY, TOWN OR VILLAGE WHERE PARTNER PAYS TAXES

PARTNER IS REGISTERED TO VOTE IN THE FOLLOWING

| | | | |
|----------|------|------|--------|
| PRECINCT | CITY | WARD | COUNTY |
|----------|------|------|--------|

| | | | |
|---|------|------------------|-------------------|
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |
| LIST ADDRESSES FOR THE PREVIOUS TEN YEARS | CITY | STATE & ZIP CODE | DATES LIVED THERE |

*******IF APPLYING AS A PARTNERSHIP, GO TO PAGE 5*******

SHAREHOLDER - MEMBER - OFFICER INFORMATION

| | | | | | | |
|------------------------|--|------------|--|------------------|--|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | DATE OF BIRTH | PLACE OF BIRTH |
| SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | POSITION* | | | NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST | |
| ADDRESS | | CITY | | STATE & ZIP CODE | TELEPHONE NUMBER | |

| | | | | | | |
|------------------------|--|------------|--|------------------|--|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | DATE OF BIRTH | PLACE OF BIRTH |
| SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | POSITION* | | | NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST | |
| ADDRESS | | CITY | | STATE & ZIP CODE | TELEPHONE NUMBER | |

| | | | | | | |
|------------------------|--|------------|--|------------------|--|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | DATE OF BIRTH | PLACE OF BIRTH |
| SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | POSITION* | | | NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST | |
| ADDRESS | | CITY | | STATE & ZIP CODE | TELEPHONE NUMBER | |

| | | | | | | |
|------------------------|--|------------|--|------------------|--|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | DATE OF BIRTH | PLACE OF BIRTH |
| SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | POSITION* | | | NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST | |
| ADDRESS | | CITY | | STATE & ZIP CODE | TELEPHONE NUMBER | |

| | | | | | | |
|------------------------|--|------------|--|------------------|--|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | DATE OF BIRTH | PLACE OF BIRTH |
| SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | POSITION* | | | NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST | |
| ADDRESS | | CITY | | STATE & ZIP CODE | TELEPHONE NUMBER | |

| | | | | | | |
|------------------------|--|------------|--|------------------|--|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | DATE OF BIRTH | PLACE OF BIRTH |
| SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | POSITION* | | | NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST | |
| ADDRESS | | CITY | | STATE & ZIP CODE | TELEPHONE NUMBER | |

| | | | | | | |
|------------------------|--|------------|--|------------------|--|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | DATE OF BIRTH | PLACE OF BIRTH |
| SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | POSITION* | | | NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST | |
| ADDRESS | | CITY | | STATE & ZIP CODE | TELEPHONE NUMBER | |

| | | | | | | |
|------------------------|--|------------|--|------------------|--|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | DATE OF BIRTH | PLACE OF BIRTH |
| SOCIAL SECURITY NUMBER | SEX <input type="checkbox"/> M <input type="checkbox"/> F | POSITION* | | | NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST | |
| ADDRESS | | CITY | | STATE & ZIP CODE | TELEPHONE NUMBER | |

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

SECTION C. STOCK OWNERSHIP

COMMON

PREFERRED

1 How many shares of common and preferred stock is applicant authorized to issue?

2 What is the value of one share of each class of stock?

3 How many shares of each class of stock have been issued?

4 How many shares of each class of stock have been subscribed for that have not been issued?

5 Are all shares issued or subscribed fully paid?

6 List names and legal residences of all persons, firms, corporations, and other entities either legally or beneficially owning or controlling any stock or member interest in applicant organization, showing amount of shares owned by each and designating whether common or preferred.

7 Describe voting privileges of all classes of stockholders and of all persons and other entities other than stockholders who have any voting rights in applicant organization.

8 List names and legal residences of all stockholders, officers, and directors, and persons owning or controlling, legally or beneficially, any stock or financial interest in the applicant, who are not qualified legal voters and taxpaying citizens of the State of Missouri and who have not been bona fide residents of the State of Missouri for a period of three years continuously immediately prior to the date of filing of this application, showing by each the amount and class of stock, office held, amount and kind of control over any stock or other financial interest in applicant.

9 If applicant, either directly or indirectly, has actual or legal control over any other corporation or entity, with control affected through stock ownership or in any other manner provide the extent and manner of such control and the name and address of each such corporation or entity.

BUSINESS LOCATION AND FINANCIAL INFORMATION

ATTACH
PHOTOGRAPH
OF
PREMISE
TO
BE
LICENSED

1. What is the distance in feet, measured in a straight line from the nearest point of the above pictured licensed premises to the nearest point of the nearest school, church, or other building regularly used as a place of religious worship? _____
2. Specify if the applicant owns, rents or leases the premises to be licensed. _____
 - 2a. If the applicant rents or leases the premises, state terms of agreement. _____
 - 2b. If the applicant rents or leases the premises, enter landlord's name and address. _____
3. What interest, if any, does the landlord or previous owner have, directly or indirectly, in the business in which the applicant intends to engage, or in the real property on which it is located? _____
4. If the applicant purchased the business:
 - (A) Give name of former owner from whom it was purchased _____
 - (B) State the amount paid for the business _____, and
 - (C) State in detail the terms and manner of payment _____
5. State the name and address of any person, firm, corporation or other entity holding any mortgage or encumbrance of any kind against the business for which this license is sought, and state amount of mortgage or encumbrance and terms of payment. *(If none, so state.)* _____
6. State the name of any person, firm, corporation or other entity that has advanced, loaned or otherwise made available, or that will do so, any money for the applicant to purchase or operate the business for which this license is sought. Give details. _____
7. Does anyone listed on pages 2, 3 or 4 of this application have any direct or indirect financial interest in any retail intoxicating liquor business, brewery, winery, distillery, rectifying or blending plant, gasohol facility, wholesaler or retail liquor or beer concern, either as part owner, shareholder, agent, employee or otherwise, either within or without the State of Missouri? If so, give details: _____
8. State the name and address of any retail liquor license business that you, or any employee, officer, director or agent thereof, who will, directly or indirectly, loan, give away, or furnish equipment, money, credit, or property of any kind to the retail liquor dealer except what is permitted by the Regulations of the Supervisor of Alcohol and Tobacco Control, or of any who has done so. *(If none, so state.)* _____
9. State the name and address or any person, firm, corporation or other entity, other than those listed on pages 2, 3 and 4 of this application, who has or will have a direct or indirect financial investment or interest in the business for which the applicant seeks a license, and state the nature of such interest. *(If none, so state.)* _____
10. In what bank(s) or other financial institution(s) does/will the applicant maintain the financial accounts for the business seeking license herein? *(Include both name and address.)* _____

INFORMATION CONCERNING OWNER(S), MANAGING OFFICER, SHAREHOLDER(S), MEMBER(S)

| | YES | NO |
|---|--------------------------|--------------------------|
| 11 Do you understand that the managing officer named on page 2 of this application must be a person in the applicant's employ, either as an officer or an employee 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? 11a. Do you meet this requirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 If a license is granted, does the applicant agree that it will first obtain the approval of the Supervisor of Alcohol and Tobacco Control before naming any other person as managing officer, other than the person named herein, who should be actively in charge of the business during the term for which the license is granted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Do any of the following hold a direct or indirect interest in any other license issued by the Supervisor of Alcohol and Tobacco Control which is now in force: Any person or entity listed on pages 2, 3 or 4 of this application, any person with an interest in any person or entity listed on pages 2, 3 or 4, or any member of the households or immediate families of the preceding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Has any party listed on pages 2, 3 or 4 of 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Has any party listed on pages 2, 3 or 4 of 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Have any of the parties listed on pages 2, 3 or 4 of 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Is there now employed, or will the applicant employ, in the business sought to be licensed, any person who has at any time, held or had an interest in a license, or in an applied-for license, from the Supervisor of Alcohol and Tobacco Control which was suspended, revoked, fined, placed on probation or otherwise disciplined, or which was denied, or any person who has been charged with or indicted for, received a suspended imposition of sentence for, or been convicted of any crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Has anyone listed on pages 2, 3 or 4 of 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has any person or entity listed on pages 2, 3 or 4 of 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Has any person or entity listed on pages 2, 3 or 4 of 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, non-intoxicating beer, gambling, immorality, fighting, peace disturbance or narcotics? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has any person or entity listed on pages 2, 3 or 4 of 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 or non-intoxicating beer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Has any entity of which any person listed on pages 2, 3 or 4 of 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 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 his/it's benefit? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU ANSWERED "NO" TO QUESTIONS 11, 11a, 12 OR IF YOU ANSWER "YES" TO QUESTIONS 13 THROUGH 23, EXPLAIN THE ANSWER IN DETAIL BELOW BY PLACING THE QUESTION NUMBER NEXT TO THE EXPLANATION. USE ADDITIONAL SHEET(S) IF NECESSARY.

| QUESTION # | EXPLANATION: |
|------------|--------------|
| | |
| | |
| | |

IMPORTANT

You are required to report any change of fact contained herein within ten (10) days!

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

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

The applicant acknowledges that any license granted by the Supervisor will be subject to the provisions of Chapter 311, RSMo, 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 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 duly appointed Agents to examine and secure 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.

The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his duly appointed Agents to conduct a criminal 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.

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 OWNER, MANAGING OFFICER, OR PARTNER | DATE | SIGNATURE OF PARTNER | DATE |
| SIGNATURE OF PARTNER (IF THERE ARE MORE THAN TWO) | DATE | SIGNATURE OF PARTNER (IF THERE ARE MORE THAN THREE) | DATE |

IF APPLICABLE, TYPE OR PRINT THE EXACT NAME OF THE CORPORATION OR LIMITED LIABILITY COMPANY (as it appears on the Articles of Inc. or Articles of Org.)

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) | | |

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 | |