



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL

**APPLICATION FOR A MANUFACTURER-SOLICITOR, WHOLESALER  
DOMESTIC WINERY OR MICROBREWERY 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 OPTIONS (choose one)**

The undersigned hereby makes application for a permit to sell to duly licensed wholesalers and to solicit orders for the sale of:

|   |   |  |
|---|---|--|
| <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"/> Domestic Winery |
| <input type="checkbox"/> 5% Manufacturer-Solicitor, malt liquor (5MS)       | <input type="checkbox"/> 5% Wholesaler-Solicitor, malt liquor (5WS)       | <input type="checkbox"/> Microbrewery    |

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<br><input type="checkbox"/> M <input type="checkbox"/> F | PERCENTAGE OF OWNERSHIP |
| HOME ADDRESS (NO PO BOXES) | CITY                   | STATE & ZIP CODE   |                         |
| TELEPHONE NUMBER           | E-MAIL ADDRESS         |  |                         |

**SOLE OWNER → CONTINUE ON PAGE 4 | MANAGING OFFICER → CONTINUE ON PAGE 3**

*THIS SECTION INTENTIONALLY LEFT BLANK*

## OWNERSHIP &amp; 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  |                         |
| 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  |                         |
| 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  |                         |
| 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  |                         |
| 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  |                         |
| TELEPHONE NUMBER           | E-MAIL ADDRESS         |   |                         |

PARTNERSHIPS → CONTINUE ON PAGE 4

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**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 All areas where liquor will be sold or stored MUST be listed on the license as part of the legal description. Describe the area(s) which need to be licensed at this location, including number of floors, detached spaces, etc.

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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 a. Specify if the applicant owns, rents or leases the premises to be licensed: \_\_\_\_\_  
b. If the applicant rents or leases the premises, enter landlord's name and address: \_\_\_\_\_  
c. Does the landlord or previous owner have any interest, directly or indirectly, in the business?  
 YES  NO If YES, explain: \_\_\_\_\_

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4 Did the applicant purchase the business?  YES  NO If YES:  
a. Give the name of the former owner from whom it was purchased: \_\_\_\_\_  
b. State the amount paid for the business: \_\_\_\_\_  
c. State in detail the terms and manner of payment: \_\_\_\_\_

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5 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 the application.

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6 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: \_\_\_\_\_

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7 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: \_\_\_\_\_

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8 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: \_\_\_\_\_

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9 Is there 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?

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10 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: \_\_\_\_\_

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11 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  
If YES, state the name and address of each such entity and explain extent and manner of such control:

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12 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.

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

13 If applying as a Sole Proprietor or General Partnership, skip to question 13. If applying as a corporation or other legal entity, is the managing officer listed in this application an individual in the corporation's or other entity's employ, either as an officer or an employee with the general control and superintendence of the licensed premises, or as an agent, capable of representing and binding the corporation or other entity during all interactions or proceedings with the supervisor or a designated representative dealing with the Liquor Control Law?

 YES    NO

14 Has anyone listed within this application ever applied for a license on behalf of themselves or another party which was denied, or had financial interest in 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: \_\_\_\_\_

15 Has anyone listed within this application ever had 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: \_\_\_\_\_

16 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 or been employed by a licensee whose license 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: \_\_\_\_\_

17 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: \_\_\_\_\_

18 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: \_\_\_\_\_

19 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: \_\_\_\_\_

20 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 MANAGING OFFICER MUST REVIEW EACH SECTION BELOW AND INITIAL ON THE LINE PROVIDED TO  
ACKNOWLEDGE AND AFFIRM THAT THEY HAVE READ AND UNDERSTAND EACH SECTION.**

(INITIAL) The applicant understands that upon issuance of the liquor license, the licensee must utilize the ATC Online System (instructions for accessing the system will be sent with the license). All products sold in Missouri must be registered prior to soliciting sales for such products. Licensees are required to submit monthly excise reports through the ATC Online System regardless of sales.

(INITIAL) 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, such license may be revoked, suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control.

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

**ACKNOWLEDGEMENTS & AFFIRMATIONS (continued)**

**THE MANAGING OFFICER MUST REVIEW EACH SECTION BELOW AND INITIAL ON THE LINE PROVIDED TO  
ACKNOWLEDGE AND AFFIRM THAT THEY HAVE READ AND UNDERSTAND EACH SECTION.**

(INITIAL) 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/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.

(INITIAL) The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her 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.

(INITIAL) The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her 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.

(INITIAL) The applicant has reviewed the supplemental **Checklist of Requirements for Manufacturer-Solicitor** (available at [https://atc.dps.mo.gov/documents/forms/MO\\_829-A0076.pdf](https://atc.dps.mo.gov/documents/forms/MO_829-A0076.pdf)) **OR Checklist of Requirements for Domestic Wineries** (available at [https://atc.dps.mo.gov/documents/forms/MO\\_829-A0107.pdf](https://atc.dps.mo.gov/documents/forms/MO_829-A0107.pdf)) **OR Checklist of Requirements for Microbreweries** (available at [https://atc.dps.mo.gov/documents/forms/MO\\_829-A0106.pdf](https://atc.dps.mo.gov/documents/forms/MO_829-A0106.pdf)) **OR Checklist of Requirements for Wholesaler-Solicitors** (available at [https://atc.dps.mo.gov/documents/forms/MO\\_829-A0084.pdf](https://atc.dps.mo.gov/documents/forms/MO_829-A0084.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 |

| <b>NOTARY INFORMATION</b>                         |                                       |                               |                                       |  |
|---|---------------------------------------|-------------------------------|---------------------------------------|--|
| NOTARY PUBLIC EMBOSSEUR OR BLACK INK RUBBER STAMP | STATE OF                              | COUNTY (OR CITY OF ST. LOUIS) |                                       |  |
|   | SUBSCRIBED AND SWORN BEFORE ME, THIS  |                               |                                       |  |
|   | DAY OF                                | YEAR                          | USE RUBBER STAMP IN CLEAR AREA BELOW. |  |
|   | NOTARY PUBLIC SIGNATURE               | MY COMMISSION EXPIRES         |                                       |  |
|   | 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 |                     |



**CHECKLIST OF REQUIREMENTS FOR A MICROBREWERY**

**PROCEDURE APPLYING FOR A MICROBREWERY LICENSE (pursuant to section 311.195 RSMo)**

**ALLOW 10 – 21 DAYS FOR PROCESSING**

1. APPLICATION FOR MICROBREWERY – Completed and notarized.
2. LICENSE FEE – **Money Order or Cashier's Check** made payable to the Director of Revenue, State of Missouri, in the amount of \$5.00 for each 100 barrels of beer to be produced, not to exceed 10,000 barrels annually or \$250 dollars.
3. NATURALIZATION CERTIFICATE OR PASSPORT – If the sole owner, any partner, or the managing officer of an entity was born outside the U.S., a copy of that individual's naturalization certificate or valid U.S. Passport is required.
4. 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.
  - a. **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>
  - b. **Non-Missouri Residents:** A criminal record check issued from the individual's state in which they reside. [criminal-record-resources.pdf \(mo.gov\)](#)
5. 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.*



Missouri Department of Public Safety  
Division of Alcohol and Tobacco Control

## **CHECKLIST OF REQUIREMENTS FOR A MICROBREWERY**

6. 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 by phone at (573) 751-9268.
7. TAX RECEIPT – Copy of the paid personal property tax or real estate tax receipt for the preceding year of the sole owner (sole proprietor), all partners (partnership), or the managing officer (LLC or corporations). A waiver of non-assessment will be accepted in lieu of the paid receipt if taxes were not owed the preceding year.
8. VOTER REGISTRATION – Proof of voter registration (ex. copy of voter registration card, letter, etc.) or printout from the Missouri Secretary of State’s voter verification website of the sole owner (sole proprietor), all partners (partnership), or the managing officer (LLC or corporations).
9. PHOTO(S) – Gray-scale or black and white computer printouts are acceptable so long as features are clear.
  - a. Recent photograph of the sole owner, each partner, or the managing officer (depending on the business structure) without a hat or sunglasses.
  - b. Recent photograph of the front of the building to be licensed and any detached storage areas.
10. COPY OF SIGNED LEASE, DEED OR RENTAL AGREEMENT – Must show the correct legal name of the applicant (as listed on the Missouri Retail Sales Tax License and Certificate of Good Standing, if applicable) and the physical address of the building or legal description of the property to be licensed. Applicants who own the real estate property under a separate legal entity and lease to the applicant entity must provide a copy of both the lease and deed for said property.
11. 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.



## **CHECKLIST OF REQUIREMENTS FOR A MICROBREWERY**

12. COPY OF FEDERAL PERMIT – From TTB (Alcohol Tax & Trade Bureau).
  - a. A federal manufacturer permit or Brewer's Notice is acceptable for wholesalers distributing product which they produce or manufacture (requires a state manufacturer license under the same legal name, or an application for such submitted in conjunction with the wholesaler application).
  - b. A federal wholesaler permit is required for applicants intending to wholesale products which they import or otherwise do not manufacture or produce.
13. TAX BOND – A Corporate Bond [form](#) properly executed by a bonding company and signed by the sole owner, all partners, or managing officer; or, an Assignment of Certificate of Deposit [form](#) properly executed by your banking institution and with the notarized signatures of the sole owner, all partners, or managing officer. The initial amount shall be \$1,000.00.
  - Licensed microbrewers must obtain a Retail Liquor by the Drink license to sell intoxicating liquor on the brewery premises. – RBD - \$300
  - The Division may, under Section 313.840, RSMo, issue a microbrewer's license pursuant to Section 311.195, RSMo, for manufacturing on the premises of a gaming boat or neighboring facility.
14. HEALTH INSPECTION – Copy of completed state health inspection.
15. NOTICE OF INTENT TO SELL/PURCHASE – Required only if the applicant is purchasing an existing licensed business where the sale/closing is pending at the time of application. Please note a signed purchase agreement is required to be submitted with this form.
16. REPORTING OWNERSHIP AS AN ENTITY – See 11 CSR 70-2.020(5) for guidance.
17. TRUSTS – See 11 CSR 70-2.020(20) for guidance. Additionally, the following must be supplied at the time of application:
  - Completed mandatory attestation form (available on our website Licensing/Other Licensing Forms);
  - Certification of trust
18. SITE VISIT – Contact the local district (see the district service areas under the "Return Documents To" section) to set up a pre-licensure site visit.



## CHECKLIST OF REQUIREMENTS FOR A MICROBREWERY

### OTHER

#### 19. LOCAL AND FEDERAL LICENSING/REGISTRATION REQUIREMENTS:

- Licensees may be subject to local (city and/or county) licensing requirements and certain filing requirements with the state. See RSMo. [311.220](#), [311.480](#).
- The Alcohol and Tobacco Tax and Trade Bureau (TTB) requires persons engaged in the business of selling or offering to sell distilled spirits, wine, or beer to register as an alcohol dealer prior to engaging in business. Follow this link for more information. <https://www.ttb.gov/nrc/retail-beverage-alcohol-dealers>

### **RETURN DOCUMENTS TO:**

| District I – Kansas City   | District II – Jefferson City   | District III – St. Louis   | District V – Springfield  |
|--|--|--|---|
| Division of Alcohol & Tobacco Control<br>8800 E. 63 <sup>rd</sup> Street, Ste. 180<br>Raytown, MO 64133<br><br>(816) 743-8888  | Division of Alcohol & Tobacco Control<br>1738 E. Elm St. – Lower Level<br>Jefferson City, MO 65101<br><br>(573) 526-4026   | Division of Alcohol & Tobacco Control<br>7545 S. Lindbergh Blvd., Ste. 150<br>St. Louis, MO 63125<br><br>(314) 416-6280  | Division of Alcohol & Tobacco Control<br>505 B East Walnut St. – (Lower Level)<br>Springfield, MO 65806<br><br>(417) 895-5004   |
| <b>Servicing:</b><br>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 | <b>Servicing:</b><br>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 | <b>Servicing:</b><br>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 | <b>Servicing:</b><br>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 |
|  |  |  |   |