



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
APPLICATION FOR ALCOHOL CARRIER

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 _____

GIVE DATE AND PLACE OF INCORPORATION (IF APPLICABLE). _____ DO YOU HOLD A LICENSE FROM THE INTERSTATE COMMERCE COMMISSION?
 Yes No If yes, state license type and number: _____

DO YOU HOLD A LICENSE FROM THE MISSOURI DEPARTMENT OF TRANSPORTATION, MOTOR CARRIER SERVICES, OF THE STATE OF MISSOURI?
 Yes No If yes, state license type and number: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE MANAGING OFFICER OF THE LICENSE SOUGHT

LAST NAME		FIRST NAME		MIDDLE INITIAL	
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
CURRENT ADDRESS		CITY	STATE	ZIP	
HOME PHONE NUMBER		E-MAIL ADDRESS			

1. Has the managing officer ever made application for a license from the Supervisor of Alcohol and Tobacco Control which was denied? Yes No
2. Has the managing officer ever had any license issued by the Supervisor of Alcohol and Tobacco Control of the State of Missouri or by the licensing authority of any other state or city suspended or revoked? Yes No
3. Has the managing officer ever been employed by any person, partnership, corporation or limited liability company that had a license revoked or suspended by the Supervisor of Alcohol and Tobacco Control of the State of Missouri? Yes No
4. Has the managing officer 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 any other state or country, or entered and/or been present in the United States in violation of Federal immigration laws? Yes No
5. Has the managing officer ever been convicted of any crime in any Missouri court or in any court of any other state or country, or any Federal Court? Yes No
6. Has the managing officer ever been convicted of the violation of any ordinance of any city relating to intoxicating liquor, gambling, immorality, fighting, or peace disturbance? Yes No
7. Has the managing officer ever been convicted of violating any Federal law, or law of any state concerning intoxicating liquor? Yes No
8. Is this application being made by the managing officer as a subterfuge to permit any person other than yourself to secure a license from the Supervisor of Alcohol and Tobacco Control, in your name for his benefit? Yes No

IF YOU ANSWERED "YES" TO QUESTIONS 1 THROUGH 8, 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!

I understand that false answers made herein may result in the Supervisor's denial of this license application. I agree that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by the Supervisor.

I understand that any license granted by the Supervisor will be subject to the current provisions of Chapter 311 RSMo, and the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and failure to conform thereto will subject my license to suspension or revocation by the Supervisor. Further, I agree to allow inspections made in accordance with the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control or his duly appointed agents to examine and secure copies of any business records or documents established in connection with this business including, but not limited to, those on file with any bookkeeper.

I authorize the Supervisor of Alcohol and Tobacco Control or his duly appointed agents to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my financial institution(s) or any financial records established in connection with the business.

The undersigned partners authorize the Supervisor of Alcohol and Tobacco Control or his duly appointed agents to conduct a criminal record check of all partners.

I, _____, of lawful age, being first duly sworn upon my oath, depose and say
(TYPE OR PRINT NAME)
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 the same are true.

SIGNATURE OF MANAGING OFFICER	DATE
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NOTARY INFORMATION

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AN SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	NOTARY PUBLIC NAME (TYPED OR PRINTED)

FOR OFFICE USE ONLY

Based on the information contained herein, the undersigned forward this application for consideration to the Supervisor of Alcohol and Tobacco Control, and hereby recommend that this application be approved and the license issued.

AGENT	DISTRICT SUPERVISOR
STATE SUPERVISOR	