



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
APPLICATION FOR A PRIMARY RETAIL LIQUOR LICENSE

BUSINESS STRUCTURE

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

BUSINESS INFORMATION

| | |
|--|--|
| LEGAL NAME OF ENTITY (MUST CORRESPOND WITH RETAIL SALES TAX LICENSE) | |
| DOING BUSINESS AS / TRADE NAME (MUST CORRESPOND WITH RETAIL SALES TAX LICENSE) | BUSINESS TELEPHONE NUMBER |
| PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS) | COUNTY |
| CITY, STATE, ZIP CODE | IS THE BUSINESS LOCATED INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | WILL TOBACCO PRODUCTS BE SOLD AT THE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO |

LICENSE OPTIONS (choose one)

INDICATE THE LICENSE TYPE BEING SOUGHT (FOR DESCRIPTIONS VISIT [HTTPS://ATC.DPS.MO.GOV/LICENSING](https://atc.dps.mo.gov/licensing) → RETAIL LICENSES)

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Beer Original Package (malt liquor) | <input type="checkbox"/> Retail by Drink - Tax Exempt | <input type="checkbox"/> Retail by Drink - Entertainment District | <input type="checkbox"/> Vintage Wine Auctioneer |
| <input type="checkbox"/> Original Package Liquor (spirits, wine & beer) | <input type="checkbox"/> Retail by Drink - Resort | <input type="checkbox"/> Retail by Drink - Mall | <input type="checkbox"/> Vintage Wine Auctioneer - Municipality |
| <input type="checkbox"/> Consumption (only) | <input type="checkbox"/> Retail by Drink - Resort Temporary | <input type="checkbox"/> Retail by Drink - Railroad | |
| <input type="checkbox"/> Beer by Drink | <input type="checkbox"/> Retail by Drink - Seasonal Resort | <input type="checkbox"/> Missouri Produced Wine by Drink | |
| <input type="checkbox"/> Beer & Light Wine by Drink | <input type="checkbox"/> Retail by Drink - Seasonal Resort Temporary | <input type="checkbox"/> State Fair Beer & Light Wine by Drink | |
| <input type="checkbox"/> Retail by Drink (spirits, wine & beer) | <input type="checkbox"/> Retail by Drink - Boat | <input type="checkbox"/> State Fair Beer & Light Wine by Drink - Exhibition Center/Grandstand | |

| | |
|--|---|
| EFFECTIVE DATE (IF BLANK, AS SOON AS POSSIBLE) | INDICATE IF LICENSE IS TO BE: <input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP IN JEFFERSON CITY |
|--|---|

OPTIONAL APPLICATION

OPTIONAL APPLICATION FOR PERMISSION TO EMPLOY MINORS

If the applicant requests permission to employ minors between the ages of eighteen (18) and twenty-one (21) years old as provided in Section 311.300, RSMo. and Code of Regulation 11 CSR 70-2.140(7), prescribed by the Supervisor of Alcohol and Tobacco Control, check the box next to the section under which the applicant qualifies.

- In any place of business licensed in accordance with section 311.200, persons at least eighteen years of age may stock, arrange displays, operate the cash register or scanner connected to a cash register and accept payment for, and sack for carryout, intoxicating liquor. Delivery of intoxicating liquor away from the licensed business premises cannot be performed by anyone under the age of twenty-one years. Any licensee who employs any person under the age of twenty-one years, as authorized by this subsection, shall, when at least fifty percent of the licensee's gross sales does not consist of nonalcoholic sales, have an employee twenty-one years of age or older on the licensed premises during all hours of operation.
- Persons eighteen years of age or older may, when acting in the capacity of a waiter or waitress, accept payment for or serve intoxicating liquor in places of business which sell food for consumption on the premises if at least fifty percent of all sales in those places consists of food; provided that nothing in this section shall authorize persons under twenty-one years of age to mix or serve across the bar intoxicating beverages.

APPLICANT → CONTINUE TO PAGE 2

MANDATORY CERTIFICATION (Original Package Liquor Applicants ONLY)
CERTIFICATION FOR ORIGINAL PACKAGE LIQUOR LICENSE APPLICANTS

No license shall be issued for the sale of intoxicating liquor in the original package, not to be consumed upon the premises where sold, except to a person engaged in, and to be used in connection with, the operation of one or more of the following businesses: a drug store, a cigar and tobacco store, a grocery store, a general merchandise store, a confectionary or delicatessen store, nor opened on the premises of the vendor except as permitted by law, nor to any such person who does not have and keep in the store a stock of goods having a value according to invoices of at least \$1,000.00, exclusive of fixtures and intoxicating liquors. Said goods must be salable and prominently exposed and offered to the public for sale in said store at all times as prominently as liquor is exposed and offered for sale. **Does applicant hereby agree to the above and make application for business to engage in one or more of the qualifying business types listed herein, as provided in Section 311.200(1), RSMo?**

YES NO

PRIMARY POINT OF CONTACT

SOLE OWNER - PARTNER - MANAGING OFFICER INFORMATION

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

SOLE OWNER PARTNER 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 <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 | | |

ADDITIONAL PARTNER(S) - If more than 4 partners, add a second Page 2 of the application and use this section

| | | | | | |
|--|------------------|------------------------|----------------|--|-------------------------|
| 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 | | |

SOLE OWNER & PARTNERS → SKIP TO PAGE 4 | MANAGING OFFICER → CONTINUE TO PAGE 3

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 ABOVE 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| ADDRESS | | CITY | STATE & ZIP CODE | TELEPHONE NUMBER | |

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

MANAGING OFFICER → PROCEED TO PAGE 4

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

- 1 All areas where liquor will be sold, consumed, or stored **MUST** be listed on the license as part of the legal description. Describe all such area(s) including number of floors, exterior spaces, detached spaces, etc.
- _____
- 2 Is the distance in feet, measured in a straight line from the nearest point of the building to be licensed to the nearest point of the nearest school, church, or other building regularly used as a place of religious worship a minimum of 100 feet apart? *If NO, the city letter of approval or written notice of an allowable exception under section 311.080, RSMo must be included with your application.*
- YES NO
- 3 Is there an existing license at the place of business? If YES, state the name of that business and/or provide the license number.
- YES NO _____
- 4 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: _____
- 5 If the applicant purchased the business:
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: _____
- 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: _____
- 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: _____
- 8 Does anyone listed within this application have any direct or indirect financial interest (including immediate family members) in any brewery, winery, distillery, rectifying or blending plant, either as part owner, shareholder, agent, employee or otherwise?
 YES NO If YES, state their name and the nature of such interest: _____
- 9 Is there any distiller, wholesaler, winemaker or brewer, or any employee, officer or agent thereof, who has or will, directly or indirectly, loan, give away, or furnish equipment, money, credit, or property of any kind to the applicant except what is permitted by the Regulations of the Supervisor of Alcohol and Tobacco Control?
 YES NO If YES, state their name and explain the terms: _____
- 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: _____
- 11 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.
- _____

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

- 12 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)
- 13 Is there any person, corporation, employee, officer, agent, subsidiary or affiliate listed within this application that collectively has an interest, directly or indirectly, in five (5) or more retail liquor by the drink licenses?
 YES NO
If YES, include a document with the application packet detailing the primary license numbers and/or legal names of those businesses, and how the applicant qualifies under section 311.260, RSMo.
- 14 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: _____
- 15 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: _____
- 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 which was revoked by the Supervisor of Alcohol and Tobacco Control within the last five (5) years, or 2) been convicted of a felony related to the manufacture or sale of intoxicating liquor?
 YES NO If YES, provide details: _____
- 18 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: _____
- 19 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: _____
- 20 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: _____
- 21 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: _____
- 22 Will this retail establishment operate as an adult cabaret and/or a sexually oriented business as defined under section 573.010, RSMo.?
 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 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.

(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 Primary Retail Liquor License** (available at https://atc.dps.mo.gov/documents/forms/MO_829-A0007.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 EMBOSSER 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 |
|------------------|