



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

**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?      IF YES, PROVIDE IRS TAX EXEMPT NUMBER

YES     NO

WILL TOBACCO PRODUCTS BE SOLD AT THE BUSINESS?  
 YES     NO

**OPTIONAL APPLICATION FOR PERMISSION TO EMPLOY MINORS - MUST MEET QUALIFICATIONS**

Does applicant hereby make application for permission to employ minors between the ages of eighteen (18) and twenty-one (21) years old as provided in Section 311.300, RSMo. and Regulation 11 CSR 70-2.140(7) & (8), Rules & Regulations of the Supervisor of Alcohol and Tobacco Control?       YES     NO

If yes, indicate the following appropriate qualification and applicant, managing officer or - if applying as a partnership - all partners must sign.

- A If qualifying as a restaurant**, I certify that at least fifty percent (50%) of the gross sales of the business for which this license application is made consists of food.
- OR**
- B If qualifying as an original package licensee**, I certify that at least fifty percent (50%) of the gross sales of the business for which this license application is made consists of non-alcoholic sales.
- OR**
- C If qualifying as an original package licensee other than the preceding type**, I certify that there shall be an employee twenty-one (21) years of age or older on the licensed premises during all hours of operation as provided by Regulation 11 CSR 70-2.140(8)(B), Rules and Regulations of the Supervisor of Alcohol and Tobacco Control.

**OPTIONAL APPLICATION FOR PACKAGE LIQUOR LICENSE - MUST MEET QUALIFICATIONS**

Applicant is required to keep in said store, if granted a license, a stock of goods having a value according to invoice of at least \$1,000.00 exclusive of fixtures and intoxicating liquors at all times while said license, including any renewal thereafter is in effect; that an itemized inventory of said stock of goods is hereto attached; that all of said goods are saleable and that they are prominently exposed and offered to the public of sale in said store and will be exposed and offered for sale at all times as prominently as liquor is exposed and offered for sale; that as said merchandise is sold it will be replaced with other saleable merchandise and said stock of goods will at all times be maintained at a value of at least \$1,000.00 exclusive of intoxicating liquors and fixtures. Does applicant hereby agree to the above and make application for business to engage in one or more of the following business types as provided in Section 311.200(1), RSMo?       YES     NO

If yes, indicate the following appropriate qualification and applicant, managing officer or - if applying as a partnership - all partners must sign.

- Drug Store
- Cigar and Tobacco Store
- Grocery Store
- Confectionery
- General Merchandise Store
- Delicatessen

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

**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
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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					

PARTNER IS REGISTERED TO VOTE IN THE FOLLOWING

PRECINCT	CITY	WARD	COUNTY
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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
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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
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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

**BUSINESS LOCATION AND FINANCIAL INFORMATION**

ATTACH  
RECENT  
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 brewery, winery, distillery, rectifying or blending plant, gasohol facility, liquor or beer concern, either as part owner, shareholder, agent, employee or otherwise? If so, give details: \_\_\_\_\_
8. State the name and address of any distiller, wholesaler, winemaker or brewer, or any employee, officer or agent thereof, who 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, 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO
- 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?  YES  NO

**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	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	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	