



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
APPLICATION TO UPGRADE FROM A TEMPORARY RESORT/ SEASONAL RESORT LICENSE

IMPORTANT: THE APPLICATION TO UPGRADE TEMPORARY RESORT LICENSE MUST BE SUBMITTED PRIOR TO YOUR TEMPORARY LICENSE EXPIRING.

BUSINESS STRUCTURE

LEGAL NAME OF ENTITY	CURRENT LICENSE NUMBER
DOING BUSINESS AS	BUSINESS TELEPHONE NUMBER
PHYSICAL LOCATION ADDRESS OF LICENSED BUSINESS	
CITY, STATE, ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	

IMPORTANT - FOLLOWING ITEMS MUST BE SUBMITTED

-This *Completed application form* signed and notarized.

-*Money Order or Cashier's Check*, payable to the Director of Revenue, State of Missouri, for the correct amount of pro-rated license fee.

**MUST MEET ONE OF THE FOLLOWING QUALIFICATIONS TO APPLY FOR THE RESORT LICENSE.
PLEASE CHECK THE BOX APPLICABLE TO THE BUSINESS**

<input type="checkbox"/>	1 - The establishment operates as a resort with at least thirty rooms for the overnight accommodation of transient guests and has a restaurant on the premises with annual projected sales of at least sixty percent of the gross income of which is derived from the sale of prepared meals or food based on the preceding 90 days. or
<input type="checkbox"/>	2 - The establishment operates as a resort and has projected annual gross receipts are \$75,000 or more with at least \$50,000 from nonalcoholic sales based on the preceding 90 days. or
<input type="checkbox"/>	3 - The establishment is a <u>seasonal</u> resort restaurant that is open for business eight or fewer consecutive months in calendar year and annual gross sales are fifty percent from sales of prepared meals.

IF QUALIFYING UNDER OPTION 1 - PLEASE COMPLETE THIS SECTION

BEGINNING PERIOD:	ENDING PERIOD:	
TOTAL PREPARED MEALS OR FOOD SALES	GROSS RECEIPTS (FOOD & ALCOHOL SALES)	% OF FOOD SALES TO GROSS RECEIPTS

IF QUALIFYING UNDER OPTION 2 - PLEASE COMPLETE THIS SECTION

BEGINNING PERIOD:	ENDING PERIOD:
GROSS RECEIPTS (ALL SALES)	ALL NON-ALCOHOLIC SALES (I.E. ALL FOOD SALES, DOOR CHARGES, POOL TABLE RECEIPTS (ETC.)

To qualify for option 2, gross sales for the preceding 90 days must be at least \$18,750, and Non-alcoholic sales must be at least \$12,500.

IF QUALIFYING UNDER OPTION 3 - PLEASE COMPLETE THIS SECTION

To qualify for option 3, complete the attached Verification of Food and Alcohol Sales/Schedule of Gross Receipts.

I understand that the certification above is required by Missouri Liquor Laws and by the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control. I have examined the food and/or non-alcoholic sales and schedule of gross receipts and that they are true and accurate.

Are you a Veteran in the state of Missouri and interested in learning more about benefits and resources available to you and your dependents? If yes, please visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DPS>.

For the purpose of inducing the Supervisor to issue the license herein applied for, applicant represents that the answers and information provided on applicant's initial long form application are still true and correct as of the date below and that there has been no change to those answers and information, including in particular but without limitation answers and information relating to criminal charges or convictions and ownership or management of the business, except for any changes the notice of which has already been filed with the Supervisor, or is being filed with this application.

Applicant acknowledges that the license 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 the failure to conform thereto will subject this license to fine, suspension, revocation, probation, or other discipline by the Supervisor.

Applicant further agrees that he will permit the Supervisor and his agents to inspect at any time the licensed premises and every part of the building and plot of ground under his control and upon which the licensed premises are located, and also any place where applicant may have intoxicating liquor stored. The inspection and copying of business records will be permitted in accordance with the laws and regulations and the agreement contained in the original long form application.

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	DATE	SIGNATURE OF PARTNER	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 EMBOSER OR BLACK INK RUBBER STAMP	STATE OF		COUNTY (OR CITY OF ST. LOUIS) USE RUBBER STAMP IN CLEAR AREA BELOW	
	SUBSCRIBED AND SWORN BEFORE ME, THIS			
		DAY OF		YEAR
	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	SUPERVISOR
-------	------------

STATE SUPERVISOR



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
VERIFICATION OF FOOD AND ALCOHOL SALES/SCHEDULE OF GROSS RECEIPTS

NAME OF CORPORATION, INDIVIDUAL, PARTNERSHIP, LLC							
DOING BUSINESS AS							
ADDRESS							
CITY				STATE	ZIP CODE		
BEGINNING PERIOD				ENDING PERIOD			
BREAKDOWN OF FOOD AND ALCOHOL SALES BY MONTH							
MONTH	FOOD - CONSUMED ON PREMISE	FOOD - CARRY OUT	ALCOHOL	MONTH	FOOD - CONSUMED ON PREMISE	FOOD - CARRY OUT	ALCOHOL
Jan				July			
Feb				Aug			
Mar				Sept			
Apr				Oct			
May				Nov			
June				Dec			
				TOTAL			
GROSS RECEIPTS (ALL SALES)				ALL NON-ALCOHOLIC SALES (I.E., ALL FOOD SALES, DOOR CHARGES, POOL TABLE RECEIPTS, ETC.)			
\$				\$			
I understand that this certification is required by law and by the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and I certify under oath that I have examined the attached schedule of Food and Alcohol Sales and the attached Schedule of Gross Receipts and that they are true and accurate.							
SIGNATURE OF M.O., OWNER, PARTNER		DATE	SIGNATURE OF PARTNER		DATE		
SIGNATURE OF PARTNER		DATE	SIGNATURE OF PARTNER		DATE		