



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
 APPLICATION TO CHANGE MANAGING OFFICER

CURRENT LICENSE NUMBERS

BUSINESS STRUCTURE

CORPORATION LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY

LEGAL NAME OF ENTITY

DOING BUSINESS AS

PHYSICAL LOCATION ADDRESS OF LICENSED BUSINESS

CITY, STATE, ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

BUSINESS TELEPHONE NUMBER MISSOURI RETAIL SALES TAX NUMBER

IF APPLYING AS A CORPORATION, LLC OR LIMITED PARTNERSHIP, STATE MISSOURI SECRETARY OF STATE FILE NUMBER DATE OF INCORPORATION OR ORGANIZATION

PLACE OF INCORPORATION (CITY/STATE)

INFORMATION FOR NEW MANAGING OFFICER

| | | | | | | |
|--|---|----------------|----------------|------------------------|------------------|--|
| ATTACH PHOTOGRAPH OF MANAGING OFFICER APPLICANT | LAST NAME | | FIRST NAME | | MIDDLE INITIAL | |
| | DATE OF BIRTH | PLACE OF BIRTH | | SOCIAL SECURITY NUMBER | SEX | |
| | HOME PHONE NUMBER | | E-MAIL ADDRESS | | | |
| | CURRENT ADDRESS | | | CITY | STATE & ZIP CODE | |
| | NUMBER OF SHARES OWNED/PERCENTAGE OF MEMBERSHIP INTEREST | | | | | |
| | IS MANAGING OFFICER APPLICANT A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| | IF YES, LIST THE DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP. | | | | | |
| | CITY, TOWN OR VILLAGE WHERE THE MANAGING OFFICER APPLICANT PAYS TAXES | | | | | |

MANAGING OFFICER APPLICANT IS REGISTERED TO VOTE IN THE FOLLOWING

| PRECINCT | CITY | WARD | COUNTY |
|---|------|------------------|-------------------|
| 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 |

Additional Comments:

Managing officer applicant states that he/she is a person in the licensee's employ, either as an officer or as an employee who is vested with the general control and superintendence of a whole, or a particular part of, the licensee's business, as required by 11 CSR 70-2.030(7).

The managing officer applicant understands that false answers are grounds for denial of a license.

The managing officer 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.

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 NEW MANAGING OFFICER

DATE

NOTARY INFORMATION

| | | | |
|--|---|-------------------------------|--------------------------------------|
| NOTARY PUBLIC EMBOSSE 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 | USE RUBBER STAMP IN CLEAR AREA BELOW |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | | |

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
CHANGE OF MANAGING OFFICER CHECKLIST

PROCEDURE FOR ENTITIES TO APPOINT A NEW MANAGING OFFICER

IF THE MANAGING OFFICER CHANGE INCLUDES A STOCK/SHARE TRANSFER, DO NOT COMPLETE THE APPLICATION TO CHANGE MANAGING OFFICER. INSTEAD, COMPLETE THE CHANGE OF ENTITY OWNERSHIP (STOCKS/SHARES) CHECKLIST **AND** INCLUDE ATTACHMENTS 2-6 BELOW.

ALLOW 10 – 21 DAYS FOR PROCESSING

1. APPLICATION TO CHANGE MANAGING OFFICER – Completed and notarized.
2. PHOTO – Of managing officer (no hats or sunglasses). Gray-scale or black and white computer printouts are acceptable so long as features are clear.
3. PROPERTY TAX RECEIPT – Copy of the managing officer’s paid personal property tax or real estate tax receipt for the preceding year. A waiver of non-assessment will be accepted in lieu of the paid receipt if taxes were not owed.
4. 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](#).
5. CRIMINAL RECORD CHECK – Must be from the Missouri State Highway Patrol (checks from third party vendors will not be accepted) and dated within six (6) months. Must include the individual’s full name and any commonly used aliases, date of birth, and social security number. Record checks can be obtained [online](#) or by mail using their [form](#).
6. NATURALIZATION CERTIFICATE OR PASSPORT – If the managing officer was born outside the U.S., a copy of their naturalization certificate or valid U.S. Passport is required.

RETURN DOCUMENTS TO:



Missouri Department of Public Safety
 Division of Alcohol and Tobacco Control
 CHANGE OF MANAGING OFFICER CHECKLIST

| | | |
|--|--|---|
| <p>District I – Kansas City Division of Alcohol & Tobacco Control 8800 E. 63rd Street, Ste. 180 Raytown, MO 64133</p> <p>(816) 743-8888</p> <p>Servicing: Andrew, Atchison, Barton, Bates, 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</p> | <p>District II – Jefferson City Division of Alcohol & Tobacco Control 1738 E. Elm St. – Lower Level Jefferson City, MO 65101</p> <p>(573) 751-2333</p> <p>Servicing: Adair, Audrain, Barry, Benton, Boone, Callaway, Camden, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Knox, Laclede, Lawrence, Lewis, Linn, Macon, Maries, Marion, McDonald, Miller, Moniteau, Monroe, Montgomery, Morgan, Newton, Oregon, Osage, Ozark, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Shannon, Shelby, St. Clair, Stone, Sullivan, Taney, Texas, Warren, Washington, Webster, Wright</p> | <p>District III – St. Louis Division of Alcohol & Tobacco Control 3256 Laclede Station Rd, Ste. 101 St. Louis, MO 63143</p> <p>(314) 877-0480</p> <p>Servicing: 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</p> |
|--|--|---|