



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL

AFFIDAVIT OF LOST PERMIT

DATE

NAME OF CORPORATION, SOLE OWNER, PARTNERSHIP, OR LLC PRIMARY LICENSE NUMBER

DOING BUSINESS AS

PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)

CITY _____ STATE _____ ZIP CODE _____

being first duly sworn upon his her their oath, state(s) that on _____
(MONTH, DAY, YEAR)

there was issued to _____
NAME OF CORPORATION, SOLE OWNER, PARTNERSHIP, OR LLC

by the Supervisor of Alcohol and Tobacco Control of the State of Missouri _____
STATE LICENSE NUMBER(S)

to sell _____ and that said original license was lost or destroyed on or about
LICENSE TYPE(S) _____

and that the circumstances under which the license was lost or destroyed are as follows:

(MONTH, DAY, YEAR)

It is therefore requested that a duplicate license be issued in lieu thereof.

SIGNATURE OF SOLE OWNER, MANAGING OFFICER, OR PARTNER DATE SIGNATURE OF PARTNER 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
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

SUBMIT COMPLETED FORM TO:

1) **BY FAX** : 573-526-4369

OR

2) BY MAIL : DIVISION OF ALCOHOL AND TOBACCO CONTROL
1738 E. ELM STREET, LOWER LEVEL
JEFFERSON CITY, MO 65101