



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 NO.

DOING BUSINESS AS

ADDRESS

CITY

STATE

ZIP

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
 (MONTH, DAY, YEAR)

as follows: _____

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

SIGNATURE OF MANAGING OFFICER, OWNER OR PARTNER

DATE

SIGNATURE OF PARTNER

DATE

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AN 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**