



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 EMBOSSEY OR BLACK INK
RUBBER STAMP

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

USE RUBBER STAMP IN CLEAR AREA BELOW.

DAY OF

YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

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

SUBMIT COMPLETED FORM TO: