



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**MAILING ADDRESS REQUEST**

**TYPE OR USE ONLY BLACK INK TO COMPLETE THIS APPLICATION**

LEGAL NAME OF ENTITY	LICENSE NUMBER
DOING BUSINESS AS	
PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS)	
CITY, STATE, ZIP CODE	BUSINESS TELEPHONE NUMBER

I/We, \_\_\_\_\_  
MANAGING OFFICER OF CORPORATION OR LLC, OR ALL MEMBERS OF PARTNERSHIP, OR SOLE OWNER)

do hereby request the following address to be used by the Division of Alcohol and Tobacco Control as a mailing address to send all correspondence:

STREET ADDRESS OR P.O. BOX NUMBER		
CITY	STATE	ZIP CODE

SIGNATURE OF MANAGING OFFICER, SOLE OWNER OR PARTNER	DATE
SIGNATURE OF PARTNER	DATE
SIGNATURE OF PARTNER	DATE
SIGNATURE OF PARTNER	DATE