



**MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL  
APPLICATION FOR REFUND**

Name of Corporation, Individual, Partnership, LLC (exact name)	Email:
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Doing Business As \_\_\_\_\_

Address \_\_\_\_\_

City	State	Zip Code
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License Number	License Type
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Being duly sworn on his/its oath, says that he/it has never used the license issued to him/it by the Supervisor of Alcohol and Tobacco Control of the State of Missouri for the year commencing \_\_\_\_\_, that said license is attached hereto  or at Central Office , and he/it requests a refund of the amount paid by him/it for said license \$\_\_\_\_\_ and requests that the refund in this amount be mailed to him/it at the following address:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

SIGNATURE OF M.O., OWNER, PARTNER	DATE	SIGNATURE OF PARTNER	DATE
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SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE
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**NOTARY PUBLIC**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**FOR OFFICE USE ONLY**

Refund  Recommended  Not Recommended by Agent

AGENT SIGNATURE	DATE
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DISTRICT SUPERVISOR SIGNATURE	DATE
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SUPERVISOR OF ALCOHOL AND TOBACCO CONTROL SIGNATURE	DATE
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