



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
EMPLOYMENT OF CONVICTED FELONS NOTIFICATION REPORT FORM

DATE

NAME OF CORPORATION, SOLE OWNER, PARTNERSHIP, OR LLC	LICENSE NO.
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DOING BUSINESS AS

ADDRESS

CITY	STATE	ZIP
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The above named retail licensee hereby notifies the Supervisor of Alcohol and Tobacco Control of the employment on _____, of felon _____

DATE	NAME	DATE OF BIRTH
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ADDRESS	SOCIAL SECURITY NUMBER
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a person convicted on _____ of _____

Said employee is employed as a _____

and his/her duties are _____

I/We hereby acknowledge that this Notification Report Form is required by 11 CSR 70-2.140(11)(C) and further that I/we am/are required to notify the Division of Alcohol and Tobacco Control within ten (10) days of this employee leaving employment.
 I/We further acknowledge that any changes of position, title or duties for this employee will require a new Notification Report Form.
 I/We further acknowledge and affirm that I/we understand the felon employment restrictions of Section 311.060 RSMo and 11 CSR 70-2.140(11) and understand and acknowledge that I/we am/are bound thereby.

SIGNATURE OF MANAGING OFFICER, OWNER OR PARTNER	DATE	SIGNATURE OF PARTNER	DATE
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SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE
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NOTARY INFORMATION NOTARY PUBLIC EMBOSSER 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)		

FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW

NOTICE SENT TO LICENSEE (DATE)	COPY MAILED TO FELON (DATE)
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FURTHER ACTION AND DATE

AGENT	DISTRICT SUPERVISOR
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