



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
APPLICATION FOR VINTAGE WINE SOLICITOR

BUSINESS STRUCTURE		
<input type="checkbox"/> SOLE OWNER		
<input type="checkbox"/> PARTNERSHIP (ALL Partners must sign in ALL spaces.)		
<input type="checkbox"/> CORPORATION (Only the Managing Officer can sign application.)		
<input type="checkbox"/> LIMITED LIABILITY COMPANY (Only the Managing Officer can sign application.)		
LEGAL NAME OF ENTITY		
DOING BUSINESS AS		
PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS)		
CITY, STATE, ZIP CODE		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		BUSINESS TELEPHONE NO
MISSOURI APPLICANTS		
If your licensed premise is in Missouri, please complete this section.		
MISSOURI RETAIL SALES TAX NUMBER		
IF APPLYING AS CORPORATION, LLC OR PARTNERSHIP, PLEASE STATE MISSOURI SECRETARY OF STATE FILE NUMBER		DATE OF INCORPORATION OR ORGANIZATION
PLACE OF INCORPORATION OR ORGANIZATION (CITY/STATE)	IS CORPORATION OR LLC NON-PROFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE IRS TAX EXEMPT NUMBER

SOLE OWNER - PARTNER - MANAGING OFFICER INFORMATION

THE INFORMATION GIVEN IN THIS SECTION IS FOR THE (CHECK THE ONE THAT APPLIES):

SOLE OWNER MANAGING OFFICER PARTNER

ATTACH PHOTOGRAPH OF SOLE OWNER MANAGING OFFICER OR PARTNER	LAST NAME		FIRST NAME		MIDDLE INITIAL	
	DATE OF BIRTH	PLACE OF BIRTH		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
	HOME PHONE NUMBER		E-MAIL ADDRESS			
	CURRENT ADDRESS			CITY	STATE & ZIP CODE	
	NUMBER OF SHARES OWNED/PERCENTAGE OF MEMBERSHIP INTEREST					
	IS SOLE OWNER, MANAGING OFFICER OR PARTNER A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP.					

CITY, TOWN OR VILLAGE WHERE THE SOLE OWNER, MANAGING OFFICER OR PARTNER PAYS TAXES

SOLE OWNER, MANAGING OFFICER OR PARTNER IS REGISTERED TO VOTE IN THE FOLLOWING

PRECINCT	CITY	WARD	COUNTY
----------	------	------	--------

LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE
LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE
LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE

*****IF APPLYING AS A CORPORATION OR LIMITED LIABILITY COMPANY GO TO PAGE 4*****
*****IF APPLYING AS A SOLE OWNER GO TO PAGE 5*****

PARTNER

ATTACH PHOTOGRAPH OF PARTNER	LAST NAME		FIRST NAME		MIDDLE INITIAL	
	DATE OF BIRTH	PLACE OF BIRTH		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
	HOME PHONE NUMBER		E-MAIL ADDRESS			
	CURRENT ADDRESS			CITY	STATE & ZIP CODE	
	IS PARTNER A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP.					
	CITY, TOWN OR VILLAGE WHERE PARTNER PAYS TAXES					

PARTNER IS REGISTERED TO VOTE IN THE FOLLOWING

PRECINCT	CITY	WARD	COUNTY
----------	------	------	--------

LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE
LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE
LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE

*******IF APPLYING AS A SOLE OWNER OR PARTNERSHIP WITH TWO OR FEWER PARTNERS, GO TO PAGE 5*******

PARTNER INFORMATION

PARTNER (IF THERE ARE MORE THAN TWO)

ATTACH PHOTOGRAPH OF PARTNER (IF THERE ARE MORE THAN TWO)	LAST NAME		FIRST NAME		MIDDLE INITIAL	
	DATE OF BIRTH	PLACE OF BIRTH		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
	HOME PHONE NUMBER		E-MAIL ADDRESS			
	CURRENT ADDRESS			CITY	STATE & ZIP CODE	
	IS PARTNER A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP.					

CITY, TOWN OR VILLAGE WHERE PARTNER PAYS TAXES

PARTNER IS REGISTERED TO VOTE IN THE FOLLOWING

PRECINCT	CITY	WARD	COUNTY
----------	------	------	--------

LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE
LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE
LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE

PARTNER (IF THERE ARE MORE THAN THREE)

ATTACH PHOTOGRAPH OF PARTNER (IF THERE ARE MORE THAN THREE)	LAST NAME		FIRST NAME		MIDDLE INITIAL	
	DATE OF BIRTH	PLACE OF BIRTH		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
	HOME PHONE NUMBER		E-MAIL ADDRESS			
	CURRENT ADDRESS			CITY	STATE & ZIP CODE	
	IS PARTNER A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP.					

CITY, TOWN OR VILLAGE WHERE PARTNER PAYS TAXES

PARTNER IS REGISTERED TO VOTE IN THE FOLLOWING

PRECINCT	CITY	WARD	COUNTY
----------	------	------	--------

LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE
LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE
LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE

*******IF APPLYING AS A PARTNERSHIP, GO TO PAGE 5*******

SHAREHOLDER - MEMBER - OFFICER INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	

***POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR**

BUSINESS INFORMATION

1 State the name and address of any person, firm, corporation or other entity holding any mortgage or encumbrance of any kind against the business for which this license is sought, and state amount of mortgage or encumbrance and terms of payment. (If none, so state.) _____

2 State the name of any person, firm, corporation or other entity that has advanced, loaned or otherwise made available, or that will do so, any money for the applicant to purchase or operate the business for which this license is sought. Give details. _____

3 State whether applicant or any of its officers, directors, members or shareholders, or any other person holding or expecting to hold any financial interest in the enterprise, has or will have any interest in any retail or wholesale liquor or beer concern operating in the State of Missouri. If so, give details: _____

4 State the name and address of any person, firm, corporation or other entity, other than those listed on pages 2, 3 and 4 of this application, who has or will have a direct or indirect financial investment or interest in the business for which the applicant seeks a license, and state the nature of such interest. (If none, so state.) _____

5 State whether applicant, either directly or indirectly, has actual or legal control over any other corporation, LLC or other entity or is actually or legally controlled by any other corporation, LLC or entity, whether such control is effected through stock ownerships or in any other manner; and, if so, state the extent and manner of such control, and the name and address of each such corporation, LLC or entity, together with the name, address, social security number, date of birth, business title of the officers, directors and/or members of each such corporation, LLC or other entity. (If none, so state.) _____

6 In what bank(s) or other financial institution(s) does/will the applicant maintain the financial accounts for the business seeking license herein? (Include both name and address.) _____

7 State permit number(s) issued by the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB). _____

INFORMATION CONCERNING OWNERS, MANAGING OFFICERS, SHAREHOLDER(S), MEMBER(S)

	YES	NO
1 Do you understand that the managing officer named on page 2 of this application must be a person in the applicant's employ, either as an officer or an employee who is vested with the general control and superintendence of a whole, or a particular part of, the applicant's business at a particular place? 1a. Do you meet this requirement?	<input type="checkbox"/>	<input type="checkbox"/>
2 If a license is granted, does the applicant agree that it will first obtain the approval of the Supervisor of Alcohol and Tobacco Control before naming any other person as managing officer, other than the person named herein, who should be actively in charge of the business during the term for which the license is granted?	<input type="checkbox"/>	<input type="checkbox"/>
3 Applicant must report promptly all material changes in the information supplied with this application to the Supervisor of Alcohol and Tobacco Control. Will you do so?	<input type="checkbox"/>	<input type="checkbox"/>
4 Has any party listed on pages 2, 3 or 4 of this application ever made application for a license which was denied by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county or city?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have any of the parties listed on pages 2, 3 or 4 of this application ever held a license or had a financial interest in a license which was suspended, revoked, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county or city?	<input type="checkbox"/>	<input type="checkbox"/>
6 Is there now employed, or will the applicant employ, in the business sought to be licensed, any person who has at any time, held or had an interest in a license, or in an applied-for license, from the Supervisor of Alcohol and Tobacco Control which was suspended, revoked, fined, placed on probation or otherwise disciplined, or which was denied, or any person who has been charged with or indicted for, received a suspended imposition of sentence for, or been convicted of any crime?	<input type="checkbox"/>	<input type="checkbox"/>
7 Has anyone listed on pages 2, 3 or 4 of this application, or any person with an interest in the preceding, ever been employed by any entity that has had a license revoked, suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control?	<input type="checkbox"/>	<input type="checkbox"/>
8 Has any person or entity listed on pages 2, 3 or 4 of this application, or any other person with a direct or indirect financial interest in the business ever been charged with or indicted for, received a suspended imposition of sentence for, or been convicted of a violation of any Federal law, law of the State of Missouri or any other state or country, or entered and/or been present in the United States in violation of Federal immigration laws?	<input type="checkbox"/>	<input type="checkbox"/>
9 Has any person or entity listed on pages 2, 3 or 4 of this application, or any other person with a direct or indirect financial interest in the business ever been convicted of the violation of any Federal law, law of the State of Missouri or any other state or country concerning intoxicating liquor or non-intoxicating beer?	<input type="checkbox"/>	<input type="checkbox"/>
10 Has any entity of which any person listed on pages 2, 3 or 4 of this application has been managing officer, shareholder, director, officer or member ever been charged with, indicted for, received a suspended imposition of sentence for, or been convicted of a violation of any Federal law, law of the State of Missouri or of any other state or country?	<input type="checkbox"/>	<input type="checkbox"/>
11 Is this application being made by the applicant as a subterfuge to permit any person or entity other than the applicant to secure a license from the Supervisor of Alcohol and Tobacco Control, in your name, for his/it's benefit?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED "NO" TO QUESTIONS 1, 1A, 2, 3 OR IF YOU ANSWERED "YES" TO QUESTIONS 4 THROUGH 11, EXPLAIN THE ANSWER IN DETAIL BELOW BY PLACING THE QUESTION NUMBER NEXT TO THE EXPLANATION, USE ADDITIONAL SHEET(S) IF NECESSARY.

QUESTION #	EXPLANATION

IMPORTANT

You are required to report any change of fact contained herein within ten (10) days!

The applicant understands that false answers are grounds for denial of a license.

The applicant understands that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked, suspended, fined, placed on probation or otherwise disciplined by the Supervisor.

The applicant acknowledges that any license granted by the Supervisor will be subject to the provisions of Chapter 311, RSMo, and the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and that failure to conform thereto will subject its license to suspension, revocation, fine, probation or other discipline by the Supervisor. Further, the applicant agrees to allow inspections made in accordance with the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and authorizes the Supervisor of Alcohol and Tobacco Control or his duly appointed Agents to examine and secure copies of any and all business records or documents related in any way to this business, including, but not limited to, those on file with any bookkeeper.

The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his duly appointed Agents to examine and secure copies of any and all financial records, including without limitation, signature cards, checking and savings account statements, notes and loan documents, deposit and withdrawal records, and escrow documents of its financial institution(s), and any financial documents related to the business.

The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his duly appointed Agents to conduct a criminal record check of the owner, all partners, the managing officer, all officers, and stockholders or members owning ten percent or more stock or interest in the applying entity.

I, _____, of lawful age, being first duly sworn upon my oath,
(TYPE OR PRINT NAME)

depose and say that I have read this application and fully understand same and that I know the contents thereof and the answers and statements contained therein and that the same are true.

SIGNATURE OF OWNER, MANAGING OFFICER, OR PARTNER	DATE	SIGNATURE OF PARTNER (IF THERE ARE MORE THAN ONE)	DATE
SIGNATURE OF PARTNER (IF THERE ARE MORE THAN ONE)	DATE	SIGNATURE OF PARTNER (IF THERE ARE MORE THAN ONE)	DATE

IF APPLICABLE, TYPE OR PRINT THE EXACT NAME OF THE CORPORATION OR LIMITED LIABILITY COMPANY (as it appears on the articles of inc. or articles of org.)

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	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW

Based on the information contained herein, the undersigned forward this application for consideration by the Supervisor of Alcohol and Tobacco Control and hereby recommend that this application be approved and the license issued.

AGENT	DISTRICT SUPERVISOR
-------	---------------------

STATE SUPERVISOR
