



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
APPLICATION TO TRANSPORT INTOXICATING LIQUOR INTO AND THROUGH MISSOURI

BUSINESS STRUCTURE - Use only Black Ink to complete this application - Please print or type the information

- | | |
|--|---|
| <input type="checkbox"/> SOLE OWNER | <input type="checkbox"/> CORPORATION (Only the Managing Officer can sign application.) |
| <input type="checkbox"/> PARTNERSHIP
(ALL Partners must sign in ALL spaces.) | <input type="checkbox"/> LIMITED LIABILITY COMPANY
(Only the Managing Officer can sign application) |

LEGAL NAME OF ENTITY

DOING BUSINESS AS

PHYSICAL LOCATION ADDRESS (STREET ADDRESS)

CITY, STATE, ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

BUSINESS TELEPHONE NUMBER

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?

☐ YES ☐ NO

IF YES, PROVIDE IRS TAX EXEMPT NUMBER

The applicant above hereby makes application to the Supervisor of Alcohol and Tobacco Control of the state of Missouri for a license to transport intoxicating liquor into or through the state of Missouri, and for the purpose of inducing the Supervisor of Alcohol and Tobacco Control to issue said license, applicant makes the statements and answers herein set out and states and agrees that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by said Supervisor of Alcohol and Tobacco Control; and applicant further understands and agrees that if applicant, or any employee of applicant, shall violate the provisions of any law of the state of Missouri or any Rule or Regulation of the Supervisor of Alcohol and Tobacco Control, the Supervisor may suspend or revoke the license granted hereunder. Applicant further agrees that the Supervisor of Alcohol and Tobacco Control and his agents shall have the right at all reasonable hours to inspect and examine all books and records of applicant, all products of applicant to be shipped into the state of Missouri and ingredients and agents used in the manufacture of such products, and of the premises of applicant, and that applicant will comply in all respects with the laws of the state of Missouri and the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control.

1. Do you hold a license from the Missouri Department of Transportation, Motor Carrier Services, of the state of Missouri?

☐ Yes ☐ No If so, give details:

2. Do you hold a license from the Interstate Commerce Commission: ☐ Yes ☐ No If so, give details below:

3. Describe vehicles or method of transportation you intend using to transport intoxicating liquor into or through the state of Missouri, including the state license numbers:

4. Do you own the vehicles in which you will transport intoxicating liquor? ☐ Yes ☐ No

5. Describe generally the route you intend to use in transporting liquor into or through the state of Missouri:

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

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
☐ M ☐ 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?

☐

YES

☐

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*******PARTNER**ATTACH
PHOTOGRAPH
OF
PARTNER

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

PLACE OF BIRTH

SOCIAL SECURITY NUMBER

SEX
☐ M ☐ F

HOME PHONE NUMBER

E-MAIL ADDRESS

CURRENT ADDRESS

CITY

STATE & ZIP CODE

IS PARTNER A NATURALIZED CITIZEN?

☐

YES

☐

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 WITH TWO OR FEWER PARTNERS, GO TO PAGE 3*******

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

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**

INFORMATION CONCERNING OWNER(S), MANAGING OFFICER, 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 | Do any of the following hold a direct or indirect interest in any other license issued by the Supervisor of Alcohol and Tobacco Control which is now in force: Any person or entity listed on pages 2, 3 or 4 of this application, any person with an interest in any person or entity listed on pages 2, 3 or 4, or any member of the households or immediate families of the preceding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Has any party listed on pages 2, 3 or 4 of this application ever held a license from the Supervisor of Alcohol and Tobacco Control, or ever had a financial interest in any entity which held such a license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | 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"/> |
| 6 | 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"/> |
| 7 | 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"/> |
| 8 | 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"/> |
| 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 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"/> |
| 10 | 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 city ordinance relating to intoxicating liquor, non-intoxicating beer, gambling, immorality, fighting, peace disturbance or narcotics? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | 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"/> |
| 13 | 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 OR IF YOU ANSWER "YES" TO QUESTIONS 3 THROUGH 13, 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(S))

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	DATE
SIGNATURE OF PARTNER (IF THERE ARE MORE THAN TWO)	DATE	SIGNATURE OF PARTNER (IF THERE ARE MORE THAN THREE)	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
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

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	CHIEF OF ENFORCEMENT
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STATE SUPERVISOR
