PROCEDURE FOR RETURNING SEASONAL RESORT LICENSEES WHO WERE LICENSED THE PREVIOUS YEAR AS SUCH

ALLOW 10 – 21 DAYS FOR PROCESSING

1. PRIMARY RETAIL APPLICATION – Completed and notarized.

2. LICENSING FEE – Cashier’s check or money order made payable to Missouri Director of Revenue for $25.00 per month the business intends to operate (maximum of eight (8) CONSECUTIVE months or $200.00).

3. MISSOURI RETAIL SALES TAX LICENSE – From the Missouri Department of Revenue, (573) 751-5860, listing the proper legal name of the entity applying for the license and the correct physical address of the business.

4. CERTIFICATE OF NO TAX DUE – From the Missouri Department of Revenue; must be dated within 90 days and addressed “To Supervisor of Liquor Control.” Required regardless of exemption status. Can be obtained online with the Tax ID and PIN, or by phone at (573) 751-9268.

5. CERTIFICATE OF GOOD STANDING – From the Secretary of State, dated within 90 days for the applicant organization. Not applicable to sole proprietors or general partnerships.

6. SEASONAL RESORT CERTIFICATION – Certification for Seasonal Resort completed and notarized.

7. VERIFICATION OF GROSS RECEIPTS – Seasonal resort schedule of gross receipts. See page 3 of this checklist.
<table>
<thead>
<tr>
<th>District I – Kansas City</th>
<th>District II – Jefferson City</th>
<th>District III – St. Louis</th>
<th>District V – Springfield</th>
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<tbody>
<tr>
<td>Division of Alcohol &amp; Tobacco Control</td>
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<tr>
<td>8800 E. 63rd Street, Ste. 180 Raytown, MO 64133</td>
<td>1738 E. Elm St. – Lower Level Jefferson City, MO 65101</td>
<td>7545 S. Lindbergh Blvd., Ste. 150 St. Louis, MO 63125</td>
<td>505 B East Walnut St. – (Lower Level) Springfield, MO 65806</td>
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<tr>
<td>(816) 743-8888</td>
<td>(573) 526-4026</td>
<td>(314) 416-6280</td>
<td>(417) 895-5004</td>
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**MISSOURI DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF ALCOHOL AND TOBACCO CONTROL**  
**VERIFICATION OF FOOD AND ALCOHOL SALES/SCHEDULE OF GROSS RECEIPTS**

**NAME OF CORPORATION, INDIVIDUAL, PARTNERSHIP, LLC**

**DOING BUSINESS AS**

**ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**BEGINNING PERIOD**

**ENDING PERIOD**

**BREAKDOWN OF FOOD AND ALCOHOL SALES BY MONTH**  
*MARSHALLED BY, CERTIFIED CLERK (IN BLOCK)*  

<table>
<thead>
<tr>
<th>MONTH</th>
<th>FOOD CONSUMED ON PREMISE</th>
<th>FOOD CARRY OUT</th>
<th>ALCOHOL</th>
<th>MONTH</th>
<th>FOOD CONSUMED ON PREMISE</th>
<th>FOOD CARRY OUT</th>
<th>ALCOHOL</th>
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**GROSS RECEIPTS (ALL SALES)**  

$ 

**ALL NON-ALCOHOLIC SALES (I.E., ALL FOOD SALES, DOOR CHARGES, POOL TABLE RECEIPTS, ETC.)**  

$ 

I understand that this certification is required by law and by the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and I certify under oath that I have examined the attached schedule of Food and Alcohol Sales and the attached Schedule of Gross Receipts and that they are true and accurate.

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

**SIGNATURE OF PARTNER**  
**DATE**  
**SIGNATURE OF PARTNER**  
**DATE**

*MO 812-15446 (11-04)*