



Missouri Department of Public Safety
Division of Alcohol and Tobacco Control
SEASONAL RESORT 'RENEWAL' CHECKLIST

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. **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. CERTIFICATION FOR SEASONAL RESORT – Completed and notarized.
7. SEASONAL RESORT SCHEDULE OF GROSS RECEIPTS – See page 3 of this checklist.



RETURN DOCUMENTS TO:

District I – Kansas City	District II – Jefferson City	District III – St. Louis
<p>Division of Alcohol & Tobacco Control 8800 E. 63rd Street, Ste. 180 Raytown, MO 64133</p> <p>(816) 743-8888</p> <p>Servicing: Andrew, Atchison, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, Saline, Worth</p>	<p>Division of Alcohol & Tobacco Control 1738 E. Elm St. – Lower Level Jefferson City, MO 65101</p> <p>(573) 526-4026</p> <p>Servicing: Adair, Audrain, Barry, Barton, Bates, Benton, Boone, Callaway, Camden, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Franklin, Gasconade, Greene, Henry, Hickory, Howard, Howell, Iron, Jasper, Knox, Laclède, Lawrence, Lewis, Linn, Macon, Maries, Marion, McDonald, Miller, Moniteau, Monroe, Montgomery, Morgan, Newton, Oregon, Osage, Ozark, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Shannon, Shelby, St. Clair, Stone, Sullivan, Taney, Texas, Vernon, Warren, Washington, Webster, Wright</p>	<p>Division of Alcohol & Tobacco Control 7545 S. Lindbergh Blvd., Ste. 150 St. Louis, MO 63125</p> <p>(314) 416-6280</p> <p>Servicing: Bollinger, Butler, Cape Girardeau, Dunklin, Jefferson, Lincoln, Madison, Mississippi, New Madrid, Pemiscot, Perry, Scott, St. Charles, St. Francois, St. Louis City, St. Louis Co., Ste. Genevieve, Stoddard, Wayne</p>



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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							
MONTH	FOOD - CONSUMED ON PREMISE	FOOD - CARRY OUT	ALCOHOL	MONTH	FOOD - CONSUMED ON PREMISE	FOOD - CARRY OUT	ALCOHOL
Jan				July			
Feb				Aug			
Mar				Sept			
Apr				Oct			
May				Nov			
June				Dec			
				TOTAL			
GROSS RECEIPTS (ALL SALES)				ALL NON-ALCOHOLIC SALES (I.E., ALL FOOD SALES, DOOR CHARGES, POOL TABLE RECEIPTS, ETC.)			
\$				\$			
<p>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.</p>							
SIGNATURE OF M.O., OWNER, PARTNER			DATE	SIGNATURE OF PARTNER			DATE
SIGNATURE OF PARTNER			DATE	SIGNATURE OF PARTNER			DATE

MO 812-1154N (11-04)