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

ALLOW 10 – 21 DAYS FOR PROCESSING

1. PRIMARY RETAIL APPLICATION – Completed and notarized.

2. LICENSING FEE – Money Order or Cashier’s Check 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. CRIMINAL RECORD CHECK – Submission of a criminal record check issued by the Missouri State Highway Patrol Criminal Records Division (Missouri residents) or the applicable state criminal records division of residency for non-Missourians. Must be dated within six (6) months of the date of application. Must include the individual’s full name, any commonly used aliases, date of birth, and social security number. Record checks are required for the 1) sole owner, all partners, or the managing officer, 2) each officer/director for the applicant entity, and 3) each stock/share holder, trustee, or person owning or controlling, legally or beneficially, directly or indirectly, ten percent or more overall of the applicant entity. Missouri record checks can be obtained online or by mail using this link to access the Criminal Record Check Form.

4. MISSOURI RETAIL SALES TAX LICENSE – From the Missouri Department of Revenue, (573) 751-5860, listing the proper legal name of the applicant (sole proprietor, partnership, or entity) applying for the license and the correct physical address of the business. If you are in a particular unit(s) or suite(s), this should be listed as part of the address on the sales tax license.

5. 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.

6. CERTIFICATE OF GOOD STANDING – From the Secretary of State or applicable state authority, dated within 90 days for the applicant organization. Not applicable to sole proprietors or general partnerships. Entities applying within 90 days of forming the entity may submit the Articles of Organization certificate in lieu of a Certificate of Good Standing. Required for the applicant entity and all legal entities owning or controlling ten percent or more of the stock or interest in the business.
7. SEASONAL RESORT CERTIFICATION – Certification for Seasonal Resort completed and notarized.

8. VERIFICATION OF GROSS RECEIPTS – Seasonal resort schedule of gross receipts. See page 3 of this checklist.

RETURN DOCUMENTS TO:

<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 8800 E. 63rd Street, Ste. 180 Raytown, MO 64133</td>
<td>Division of Alcohol &amp; Tobacco Control 1738 E. Elm St. – Lower Level Jefferson City, MO 65101</td>
<td>Division of Alcohol &amp; Tobacco Control 7545 S. Lindbergh Blvd., Ste. 150 St. Louis, MO 63125</td>
<td>Division of Alcohol &amp; Tobacco Control 505 B East Walnut St. – (Lower Level) Springfield, MO 65806</td>
</tr>
<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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**Servicing:**
- District III – St. Louis: 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
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

<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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<td>Jan</td>
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<td>TOTAL</td>
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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.D., OWNER, PARTNER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE