



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**ATTESTATION FOR RENEWAL APPLICATIONS**

**Attestation for Renewal Applications**

**THE SOLE OWNER, ALL PARTNERS, OR MANAGING OFFICER MUST REVIEW THE CONTENTS OF THE APPLICATION AND COMPLETE THE FOLLOWING ATTESTATION PRIOR TO SUBMISSION.**

I, \_\_\_\_\_, of lawful age, being first duly sworn upon my oath,  
(TYPE OR PRINT NAME(S))  
depose and say that I have read the foregoing application for the renewal of the \_\_\_\_\_  
(License Type(s))  
license(s) completed on behalf of \_\_\_\_\_, that I fully understand  
(Name of Entity)  
the same, that I know and reaffirm the contents thereof, and that the answers and statements contained therein are true  
to the best of my/our knowledge.

This form is valid for one (1) year from the date of signature.

SIGNATURE OF SOLE OWNER, MANAGING OFFICER, OR PARTNER	DATE	SIGNATURE OF PARTNER	DATE
SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE

**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)		
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		