



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
ATTESTATION FOR SPECIAL EVENT APPLICATIONS

Attestation for Special Event Applications

THE SOLE OWNER, ALL PARTNERS, OR MANAGING OFFICER MUST REVIEW THE CONTENTS OF THE SPECIAL EVENT 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 _____

(License Type)

license completed on behalf of _____, that I fully understand

(Name of Entity)

the same, that I know 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
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SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE
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NOTARY INFORMATION

NOTARY PUBLIC EMBOSSEUR 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.		