



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 |
| 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) | | |
| USE RUBBER STAMP IN CLEAR AREA BELOW. | | |