



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**Questionnaire for a New Managing Officer**

**QUESTIONNAIRE**

**If additional space is needed for a response, attach a separate sheet of paper.**

1 Is the managing officer listed in this application an individual in the corporation's or other entity's employ, either as an officer or an employee with the general control and superintendence of the licensed premises, or as an agent, capable of representing and binding the corporation or other entity during all interactions or proceedings with the supervisor or a designated representative dealing with the Liquor Control Law?

YES  NO

2 Does the managing officer listed in this application collectively have interest, directly or indirectly, in five (5) or more retail liquor by the drink licenses?

YES  NO

If YES, include a document with the application packet detailing the primary license numbers and/or legal names of those businesses, and how the applicant qualifies under section 311.260, RSMo.

3 Has the managing officer listed in this application ever applied for a license on behalf of themselves or another party which was denied, or had financial interest in a license that was revoked by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county, or city?

YES  NO If YES, provide details: \_\_\_\_\_

4 Has the managing officer listed in this application ever had financial interest in a license which was suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county, or city?

YES  NO If YES, provide details: \_\_\_\_\_

5 Has the managing officer listed in this application 1) had interest in a license or been employed by a licensee whose license was revoked by the Supervisor of Alcohol and Tobacco Control within the last five (5) years, or 2) been convicted of a provision related to the manufacture or sale of intoxicating liquor?

YES  NO If YES, provide details: \_\_\_\_\_

6 Has the managing officer listed in this application ever been charged with, indicted for, pled guilty to, convicted of, or received a suspended imposition for a violation of any Federal law, law of the State of Missouri or any other state or country, or entered and/or been present in the United States in violation of Federal immigration laws?

YES  NO If YES, provide details: \_\_\_\_\_

7 Has the managing officer been charged with, pled guilty to or been convicted of violating any city or county ordinance relating to intoxicating liquor, gambling, immorality, fighting, peace disturbance, narcotics, or similar concern?

YES  NO If YES, provide details: \_\_\_\_\_

8 Has any entity, of which the managing officer listed in this application is/was managing officer, shareholder, director, officer or member, ever been charged with, indicted for, received a suspended imposition of sentence for, pled guilty to, or been convicted of a violation of any Federal law, law of the State of Missouri or of any other state or country?

YES  NO If YES, provide details: \_\_\_\_\_

**ACKNOWLEDGEMENTS & AFFIRMATIONS****THE NEWLY APPOINTED MANAGING OFFICER MUST REVIEW AND INITIAL EACH SECTION BELOW TO ACKNOWLEDGE AND AFFIRM THAT THEY HAVE READ AND UNDERSTAND EACH PROVISION.**

The applicant understands that false answers are grounds for denial of a license.

(INITIAL)

The applicant understands that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked, suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control.

(INITIAL)

You are required to report any change of fact contained herein to the Division of Alcohol and Tobacco Control in writing within fifteen (15) days.

(INITIAL)

The applicant acknowledges that any license granted by the Supervisor will be subject to the provisions of Chapter 311, RSMo, and the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and that failure to conform thereto will subject its license to suspension, revocation, fine, probation or other discipline by the Supervisor. Further, the applicant agrees to allow inspections made in accordance with the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed Agents to examine and secure copies of any and all business records or documents related in any way to this business, including, but not limited to, those on file with any bookkeeper.

(INITIAL)

The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed agents to examine and secure copies of any and all financial records, including without limitation, signature cards, checking and savings account statements, notes and loan documents, deposit and withdrawal records, and escrow documents of its financial institution(s), and any financial documents related to the business.

(INITIAL)

The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed agents to conduct a criminal record check of the owner, all partners, the managing officer, all officers, and stockholders or members owning ten percent or more stock or interest in the applying entity.

(INITIAL)

The applicant has reviewed the supplemental **Checklist of Requirements for Change of Managing Officer** (available at [https://atc.dps.mo.gov/documents/forms/MO\\_829-A0125.pdf](https://atc.dps.mo.gov/documents/forms/MO_829-A0125.pdf)) and has included all necessary documentation with this application form.

(INITIAL)

I, \_\_\_\_\_, of lawful age, being first duly sworn upon my oath,  
(TYPE OR PRINT NAME(S))

depose and say that I have read this application and fully understand same and that I know the contents thereof and the answers and statements contained therein and that the same are true.

SIGNATURE OF NEW MANAGING OFFICER	DATE	
-----------------------------------	------	--

**NOTARY INFORMATION**

NOTARY PUBLIC EMBOSSEY 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.**