



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL

Questionnaire for New Corporate Structure Party Member(s)

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

1 Does anyone being added as part of this application have any direct or indirect financial interest (including immediate family members) in any brewery, winery, distillery, rectifying or blending plant, either as part owner, shareholder, agent, employee or otherwise?

YES NO If YES, state their name and the nature of such interest: _____

2 Is there any person, corporation, employee, officer, agent, subsidiary or affiliate being added as part of this application that collectively has an 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 anyone listed within 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for a license on behalf of themselves or another party which was denied, or had financial interest in a license that was revoked by the Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county, or city?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 anyone listed within 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 anyone being added as part of this application, or any other person or entity with a direct or indirect financial interest in the business, 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: _____

6 Has anyone being added as part of this application, or any other person with a direct or indirect financial interest in the business, 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: _____

7 Has any entity of which any person being added as part of 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 SOLE OWNER, ALL PARTNERS, OR 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
(INITIAL) for is granted, such license may be revoked, suspended, fined, placed on probation or otherwise disciplined by the Supervisor of Alcohol and Tobacco Control.

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

_____ The applicant acknowledges that any license granted by the Supervisor will be subject to the provisions of Chapter
(INITIAL) 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.

_____ The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed agents to examine
(INITIAL) 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.

_____ The applicant authorizes the Supervisor of Alcohol and Tobacco Control or his/her duly appointed agents to conduct a
(INITIAL) 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.

_____ The applicant has reviewed the supplemental **Checklist for the appropriate amendment type** and has included all
(INITIAL) necessary documentation with this application form.

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 SOLE OWNER, MANAGING OFFICER, OR PARTNER | | DATE | SIGNATURE OF PARTNER | | DATE |
| SIGNATURE OF PARTNER | | DATE | SIGNATURE OF PARTNER | | DATE |
| NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP | STATE OF | | COUNTY (OR CITY OF ST. LOUIS) | | |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS | | USE RUBBER STAMP IN CLEAR AREA BELOW. | | |
| | DAY OF | YEAR | | | |
| | NOTARY PUBLIC SIGNATURE | | MY COMMISSION EXPIRES | | |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) | | | | | |