



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
LICENSE APPLICATION ATTESTATION

LICENSE APPLICATION ATTESTATION

THE SOLE OWNER, ALL PARTNERS, OR MANAGING OFFICER MUST REVIEW THE CONTENTS OF THE LICENSE 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.		