



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**APPLICATION FOR A PRIMARY RETAIL LIQUOR LICENSE**

**BUSINESS STRUCTURE**

- |                                                                                                                              |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>SOLE OWNER</b> (Sole owner must sign the application.)                                           | <input type="checkbox"/> <b>CORPORATION</b> (Only the Managing Officer can sign application.)               |
| <input type="checkbox"/> <b>PARTNERSHIP</b> (ALL Partners must sign the application.)                                        | <input type="checkbox"/> <b>LIMITED LIABILITY COMPANY</b> (Only the Managing Officer can sign application.) |
| <input type="checkbox"/> <b>LIMITED LIABILITY OR CORPORATE PARTNERSHIP</b> (Only the Managing Officer can sign application.) |                                                                                                             |

**BUSINESS INFORMATION**

LEGAL NAME OF ENTITY (MUST CORRESPOND WITH RETAIL SALES TAX LICENSE)	
DOING BUSINESS AS / TRADE NAME (MUST CORRESPOND WITH RETAIL SALES TAX LICENSE)	BUSINESS TELEPHONE NUMBER
PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)	COUNTY
CITY, STATE, ZIP CODE	IS THE BUSINESS LOCATED INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	WILL TOBACCO PRODUCTS BE SOLD AT THE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO

**LICENSE OPTIONS (choose one)**

INDICATE THE LICENSE TYPE BEING SOUGHT (FOR DESCRIPTIONS VISIT [HTTPS://ATC.DPS.MO.GOV/LICENSING](https://atc.dps.mo.gov/licensing) → RETAIL LICENSES)

<input type="checkbox"/> Beer Original Package (malt liquor)	<input type="checkbox"/> Retail by Drink - Tax Exempt	<input type="checkbox"/> Retail by Drink - Entertainment District	<input type="checkbox"/> Vintage Wine Auctioneer
<input type="checkbox"/> Original Package Liquor (spirits, wine & beer)	<input type="checkbox"/> Retail by Drink - Resort	<input type="checkbox"/> Retail by Drink - Mall	<input type="checkbox"/> Vintage Wine Auctioneer - Municipality
<input type="checkbox"/> Consumption (only)	<input type="checkbox"/> Retail by Drink - Resort Temporary	<input type="checkbox"/> Retail by Drink - Railroad	
<input type="checkbox"/> Beer by Drink	<input type="checkbox"/> Retail by Drink - Seasonal Resort	<input type="checkbox"/> Missouri Produced Wine by Drink	
<input type="checkbox"/> Beer & Light Wine by Drink	<input type="checkbox"/> Retail by Drink - Seasonal Resort Temporary	<input type="checkbox"/> State Fair Beer & Light Wine by Drink	
<input type="checkbox"/> Retail by Drink (spirits, wine & beer)	<input type="checkbox"/> Retail by Drink - Boat	<input type="checkbox"/> State Fair Beer & Light Wine by Drink - Exhibition Center/Grandstand	

EFFECTIVE DATE (IF BLANK, AS SOON AS POSSIBLE)	INDICATE IF LICENSE IS TO BE: <input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP IN JEFFERSON CITY
------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

**OPTIONAL APPLICATION**

**OPTIONAL APPLICATION FOR PERMISSION TO EMPLOY MINORS**

If the applicant requests permission to employ minors between the ages of eighteen (18) and twenty-one (21) years old as provided in Section 311.300, RSMo. and Code of Regulation 11 CSR 70-2.140(7), prescribed by the Supervisor of Alcohol and Tobacco Control, check the box next to the section under which the applicant qualifies.

- In any place of business licensed in accordance with section 311.200, persons at least eighteen years of age may stock, arrange displays, operate the cash register or scanner connected to a cash register and accept payment for, and sack for carryout, intoxicating liquor. Delivery of intoxicating liquor away from the licensed business premises cannot be performed by anyone under the age of twenty-one years. Any licensee who employs any person under the age of twenty-one years, as authorized by this subsection, shall, when at least fifty percent of the licensee's gross sales does not consist of nonalcoholic sales, have an employee twenty-one years of age or older on the licensed premises during all hours of operation.
- Persons eighteen years of age or older may, when acting in the capacity of a waiter or waitress, accept payment for or serve intoxicating liquor in places of business which sell food for consumption on the premises if at least fifty percent of all sales in those places consists of food; provided that nothing in this section shall authorize persons under twenty-one years of age to mix or serve across the bar intoxicating beverages.

**APPLICANT → CONTINUE TO PAGE 2**

**MANDATORY CERTIFICATION (Original Package Liquor Applicants ONLY)**  
**CERTIFICATION FOR ORIGINAL PACKAGE LIQUOR LICENSE APPLICANTS**

No license shall be issued for the sale of intoxicating liquor in the original package, not to be consumed upon the premises where sold, except to a person engaged in, and to be used in connection with, the operation of one or more of the following businesses: a drug store, a cigar and tobacco store, a grocery store, a general merchandise store, a confectionary or delicatessen store, nor opened on the premises of the vendor except as permitted by law, nor to any such person who does not have and keep in the store a stock of goods having a value according to invoices of at least \$1,000.00, exclusive of fixtures and intoxicating liquors. Said goods must be salable and prominently exposed and offered to the public for sale in said store at all times as prominently as liquor is exposed and offered for sale. **Does the applicant hereby agree to the these conditions, set forth in Section 311.200(1), RSMo?**

YES       NO

**PRIMARY POINT OF CONTACT**

**SOLE OWNER - PARTNER - MANAGING OFFICER INFORMATION**

THE INFORMATION GIVEN IN THIS SECTION IS FOR THE (CHECK THE ONE THAT APPLIES):

SOLE OWNER       PARTNER       MANAGING OFFICER (Corporation, LLC, LLP or Corporate Partnership)

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER		E-MAIL ADDRESS		

**ADDITIONAL PARTNER(S) - If more than 4 partners, add a second Page 2 of the application and use this section**

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER		E-MAIL ADDRESS		

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER		E-MAIL ADDRESS		

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY		SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PERCENTAGE OF OWNERSHIP
HOME ADDRESS (NO PO BOXES)			CITY		STATE & ZIP CODE
IS THE PERSON A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER		E-MAIL ADDRESS		

**SOLE OWNER & PARTNERS → SKIP TO PAGE 4 | MANAGING OFFICER → CONTINUE TO PAGE 3**

**SHAREHOLDER - MEMBER - OFFICER/DIRECTOR/TRUSTEE INFORMATION**

**one (1) entity per page - use additional Page 3 forms as necessary**

STATE THE LEGAL NAME OF THE ENTITY WHOSE OWNERSHIP IS DESCRIBED BELOW \_\_\_\_\_

IS THIS ENTITY PUBLICLY TRADED OR A PRIVATE EQUITY FUND?

YES     NO

LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*	PERCENTAGE OF OWNERSHIP	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*	PERCENTAGE OF OWNERSHIP	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*	PERCENTAGE OF OWNERSHIP	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*	PERCENTAGE OF OWNERSHIP	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*	PERCENTAGE OF OWNERSHIP	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*	PERCENTAGE OF OWNERSHIP	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*	PERCENTAGE OF OWNERSHIP	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX	POSITION*	PERCENTAGE OF OWNERSHIP	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	

\*POSITION = OFFICER, DIRECTOR, TRUSTEE, MEMBER, SHAREHOLDER (If an officer AND member/shareholder, enter 'OFFICER')

**MANAGING OFFICER → PROCEED TO PAGE 4**

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

- 1 All areas where liquor will be sold, consumed, or stored **MUST** be listed on the license as part of the legal description. Describe all such area(s) including number of floors, exterior spaces, detached spaces, etc.
- \_\_\_\_\_
- 2 Is the distance in feet, measured in a straight line from the nearest point of the building to be licensed to the nearest point of the nearest school, church, or other building regularly used as a place of religious worship a minimum of 100 feet apart? *If NO, the city letter of approval or written notice of an allowable exception under section 311.080, RSMo must be included with your application.*
- YES  NO
- 3 Is there an existing license at the place of business? If YES, state the name of that business and/or provide the license number.
- YES  NO \_\_\_\_\_
- 4 a. Specify if the applicant owns, rents or leases the premises to be licensed: \_\_\_\_\_  
b. If the applicant rents or leases the premises, enter landlord's name and address: \_\_\_\_\_  
c. Does the landlord or previous owner have any interest, directly or indirectly, in the business?  
 YES  NO If YES, explain: \_\_\_\_\_
- 5 Did the applicant purchase the business?  YES  NO IF YES:  
a. Give the name of the former owner from whom it was purchased: \_\_\_\_\_  
b. State the amount paid for the business: \_\_\_\_\_  
c. State in detail the terms and manner of payment: \_\_\_\_\_
- 6 Is there any person, firm, corporation or other entity holding any mortgage or encumbrance of any kind against the business for which this license is sought?  
 YES  NO If YES, state their name, address, amount of the mortgage or encumbrance, and terms of payment: \_\_\_\_\_
- 7 Is there any person, firm, corporation or other entity, other than those listed within this application, who has or will advance, loan or otherwise make available any money for the applicant to purchase or operate the business for which this license is sought?  
 YES  NO If YES, state their name and explain the terms: \_\_\_\_\_
- 8 Does anyone listed within 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: \_\_\_\_\_
- 9 Is there any distiller, wholesaler, winemaker or brewer, or any employee, officer or agent thereof, who has or will, directly or indirectly, loan, give away, or furnish equipment, money, credit, or property of any kind to the applicant except what is permitted by the Regulations of the Supervisor of Alcohol and Tobacco Control?  
 YES  NO If YES, state their name and explain the terms: \_\_\_\_\_
- 10 Is there any person, firm, corporation or other entity, other than those listed within this application, who has or will have a direct or indirect financial investment or interest (including immediate family members) in the business for which the applicant seeks a license?  
 YES  NO If YES, state their name and the nature of such interest: \_\_\_\_\_
- 11 State the name and address of the bank(s) or other financial institution(s) in which the applicant will maintain the financial accounts for the business.
- \_\_\_\_\_

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

12 If applying as a Sole Proprietor or General Partnership, skip to question 13. If applying as a corporation or other legal entity, 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

13 Is there any person, corporation, employee, officer, agent, subsidiary or affiliate listed within 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.

14 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: \_\_\_\_\_

15 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: \_\_\_\_\_

16 Is there now employed or will the applicant employ in the business sought to be licensed, any person who has 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: \_\_\_\_\_

17 Has anyone listed within 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: \_\_\_\_\_

18 Has anyone listed within 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: \_\_\_\_\_

19 Has any entity of which any person listed within 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: \_\_\_\_\_

20 Is this application being made by the applicant as a subterfuge to permit any person or entity other than the applicant to secure a license from the Supervisor of Alcohol and Tobacco Control, in your name, for their benefit?

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

21 Will this retail establishment operate as an adult cabaret and/or a sexually oriented business as defined under section 573.010, RSMo.?

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.**

\_\_\_\_\_  
(INITIAL) 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 Primary Retail Liquor License** (available at [https://atc.dps.mo.gov/documents/forms/MO\\_829-A0007.pdf](https://atc.dps.mo.gov/documents/forms/MO_829-A0007.pdf)) and has included all 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 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.**

**FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW**

Based on the information contained herein, the undersigned forward this application for consideration by the Supervisor of Alcohol and Tobacco Control and hereby recommend that this application be approved and the license issued.

AGENT	DISTRICT SUPERVISOR
-------	---------------------

STATE SUPERVISOR
------------------



**CHECKLIST OF REQUIREMENTS FOR PRIMARY RETAIL LIQUOR LICENSE**

**PROCEDURE FOR APPLYING FOR A RETAIL (BY THE DRINK, ORIGINAL PACKAGE, OR CONSUMPTION) LIQUOR LICENSE**

**ALLOW 10 – 21 DAYS FOR PROCESSING**

**RETURN PAGE 1 OF THIS CHECKLIST WITH APPLICATION**

<b>LICENSE TYPE</b>		
Retail license being applied for (mark with an "X"):		
<b>PACKAGE</b> <input type="checkbox"/> Beer Only <input type="checkbox"/> Beer, Wine & Spirits*	<b>BY THE DRINK</b> <input type="checkbox"/> Beer Only <input type="checkbox"/> Beer & Light Wine* <input type="checkbox"/> Beer, Wine & Spirits*	<b>OTHER</b> <input type="checkbox"/> Consumption only**
<p>* A separate Sunday license is required, if applicable.</p> <p>** Sunday hours are not permitted with a consumption license.</p>		
<b>EFFECTIVE DATE</b>		
If there is a specific date the license should take effect, please specify. If no date is indicated, the license will take effect as soon as it's reviewed and processed. _____		
<b>LEGAL DESCRIPTION (BY THE DRINK APPLICANTS ONLY)</b>		
If applying for a by the drink license, is there an outdoor deck, patio, or sidewalk café that needs to be added to the legal description on the liquor license?  _____		



## CHECKLIST OF REQUIREMENTS FOR PRIMARY RETAIL LIQUOR LICENSE

### REQUIRED DOCUMENTS:

1. [PRIMARY RETAIL APPLICATION](#) – Completed and notarized.
2. LICENSE FEE – **Money Order or Cashier's Check** made payable to Missouri Director of Revenue for new license type.
  - If applying for a Retail by Drink Resort Temporary (RBDT) or Retail by Drink Seasonal Resort Temporary (RDST) license, the fee amount is \$75.00.
  - If applying for a Retail by Drink Seasonal Resort (RDSR) license, the fee amount is \$25.00 per month for a maximum of eight (8) consecutive months (\$200).
  - See the pro-rated fee schedule on page 4 for all other applicable license fees.
3. NATURALIZATION CERTIFICATE OR PASSPORT – If the sole owner, any partner, or the managing officer of an entity was born outside the U.S., a copy of that individual's naturalization certificate or valid U.S. Passport is required.
4. CRIMINAL RECORD CHECK – A criminal record check dated within six (6) months of the date of application, which includes the 1) individual's full name and any commonly used aliases, 2) date of birth, and 3) social security number. Record checks are required for the 1) sole owner, all partners, or the managing officer (based on the business structure), 2) each officer/director for the applicant entity (regardless of ownership percentage), and 3) each shareholder, member or person owning, legally or beneficially, directly or indirectly, ten percent or more of the stock or interest in the business.
  - **Missouri Residents:** Submission of a criminal record check issued by the Missouri State Highway Patrol Criminal Records Division. Missouri record checks can be obtained online or by mail using this link to access the Criminal Record Check Form. <https://www.machs.mo.gov/MACHSFP/home.html>
  - **Non-Missouri Residents:** A criminal record check issued from the individual's state in which they reside. [criminal-record-resources.pdf \(mo.gov\)](#)
5. MISSOURI RETAIL SALES TAX LICENSE – From the Missouri Department of Revenue, (573) 751-5860, listing the proper legal name of the applicant (sole proprietor, partnership, or entity) applying for the license, the Doing Business As (DBA) or trade name\*, and the correct physical address of the business. If you are in a particular unit(s) or suite(s), this should be listed as part of the address on the sales tax license. *Note:* [RSMo. 417.200](#) requires that every name under which any person shall do or transact any business in this state, other than the true name of such person, is considered a fictitious name, and it





### **CHECKLIST OF REQUIREMENTS FOR PRIMARY RETAIL LIQUOR LICENSE**

shall be unlawful to engage in or transact any business under a fictitious name without first registering it with the [secretary of state](#). *Additionally, 11 CSR 70-2.140(23) requires that the DBA or trade name used on exterior signage or advertising to be accurately reflected on the state liquor license.*

6. CERTIFICATE OF NO TAX DUE – From the Missouri Department of Revenue; must be dated within 90 days and addressed “To Supervisor of Liquor Control.” **Required regardless of exemption status.** Can be obtained [online](#) with the Tax ID and PIN, or by phone at (573) 751-9268.
7. TAX RECEIPT – Copy of the paid personal property tax or real estate tax receipt for the preceding year of the sole owner (sole proprietor), all partners (partnership), or the managing officer (LLC or corporations). A waiver of non-assessment will be accepted in lieu of the paid receipt if taxes were not owed the preceding year.
8. VOTER REGISTRATION – Proof of voter registration (ex. copy of voter registration card, letter, etc.) or printout from the Missouri Secretary of State’s [voter verification website](#) of the sole owner (sole proprietor), all partners (partnership), or the managing officer (LLC or corporations).
9. PHOTO(S) – Gray-scale or black and white computer printouts are acceptable so long as features are clear.
  - Recent photograph of the sole owner, each partner, or the managing officer (depending on the business structure) without a hat or sunglasses.
  - Recent photograph of the front of the building to be licensed.
  - If applying for a by drink (on premise) license, and there is an attached deck, patio, or similar exterior space where alcohol may be sold, served, or consumed upon, you must also include a photo of this space. Please note, there must be direct/unimpeded access from the building to the exterior space so that alcohol does not travel off the licensed premises to get to the exterior space.
  - If applying for off-site/detached storage, you must also include a photo of this.
10. COPY OF SIGNED LEASE, DEED OR RENTAL AGREEMENT – Must show the correct legal name of the applicant (as listed on the Missouri Retail Sales Tax License and Certificate of Good Standing, if applicable) and the physical address of the building or legal description of the property to be licensed. Applicants who own the real estate property under a separate legal entity and lease to the applicant entity must provide a copy of both the lease and deed for said property.



## CHECKLIST OF REQUIREMENTS FOR PRIMARY RETAIL LIQUOR LICENSE

11. CERTIFICATE OF GOOD STANDING – From the Secretary of State or applicable state authority, dated within 90 days for the applicant organization. Not applicable to sole proprietors or general partnerships. Entities applying within 90 days of forming the entity may submit the Articles of Organization certificate in lieu of a Certificate of Good Standing. Required for the applicant entity and all legal entities owning or controlling ten percent or more of the stock or interest in the business.
12. RESORT CERTIFICATION and/or VERIFICATION OF GROSS RECEIPTS – Required only if applying for full liquor by the drink (spirits, wine and beer) in certain areas. See the [Full Liquor by the Drink – Qualification Questionnaire](#) or contact your district office to see if you must qualify.
13. HEALTH INSPECTION (by the drink applicants only) – Copy of completed health inspection form local health department.
14. INVENTORY (original package applicants only) – Copy of itemized inventory of stock which has a value according to invoices of at least \$1,000.00, not including fixtures and alcoholic beverages.
15. NOTICE OF INTENT TO SELL/PURCHASE – Required only if the applicant is purchasing an existing licensed business where the sale/closing is pending at the time of application. Please note a signed purchase agreement is required to be submitted with this form.
16. OTHER – Please check our website for any additional license-specific information and/or requirements:
  - [https://atc.dps.mo.gov/licensing/by\\_drink.php](https://atc.dps.mo.gov/licensing/by_drink.php)
    - Beer by the Drink
    - Beer and Light Wine by the Drink
    - Retail by the Drink
    - Retail by the Drink – Tax Exempt
    - Retail by the Drink – Resort
    - Retail by the Drink – Temporary Resort
    - Retail by the Drink – Seasonal Resort
    - Retail by the Drink – Seasonal Resort Temporary
  - <https://atc.dps.mo.gov/licensing/package.php>
    - Original Package Liquor
    - Beer Original Package



**CHECKLIST OF REQUIREMENTS FOR PRIMARY RETAIL LIQUOR LICENSE**

➤ [https://atc.dps.mo.gov/licensing/other\\_retail.php](https://atc.dps.mo.gov/licensing/other_retail.php)

- Missouri Produced Wine by the Drink
- Retail by Drink – Boat
- Retail by Drink – Entertainment District
- Retail by Drink – Railroad
- Retail by Drink – Mall
- Consumption License
- State Fair Licenses
  - State Fair Beer by Drink and Domestic Wine
  - State Fair Beer by Drink and Domestic Wine – Exhibition Center / Grandstand

Retail License Prorated Fee Schedule <i>(July rate = annual fee)</i>	RBD <sup>1</sup> – Retail by Drink	OPL – Original Package Liquor	COL – Consumption	5BD – Beer by Drink
	SF3 – State Fair (Exhibition Center & Grandstand) MWBD – MO Wine by Drink	SF1 – State Fair		5BDW – Beer & Wineby Drink 5OP – Package Beer
July - June 30	\$300.00	\$100.00	\$60.00	\$50.00
Aug - June 30	\$275.00	\$91.67	\$55.00	\$45.83
Sep - June 30	\$250.00	\$83.33	\$50.00	\$41.67
Oct - June 30	\$225.00	\$75.00	\$45.00	\$37.50
Nov - June 30	\$200.00	\$66.67	\$40.00	\$33.33
Dec - June 30	\$175.00	\$58.33	\$35.00	\$29.17
Jan - June 30	\$150.00	\$50.00	\$30.00	\$25.00
Feb - June 30	\$125.00	\$41.67	\$25.00	\$20.83
Mar - June 30	\$100.00	\$33.33	\$20.00	\$16.67
Apr - June 30	\$75.00	\$25.00	\$15.00	\$12.50
May - June 30	\$50.00	\$16.67	\$10.00	\$8.33
Jun 1 - June 30	\$25.00	\$8.33	\$5.00	\$4.17

Licenses are valid from the date the license takes effect through June 30; fees are prorated monthly. Select the current or future month the license should take effect, and the corresponding fee listed is the prorated amount.

<sup>1</sup>RBD licenses included under this fee bracket are:

- RBD (*standard beer, wine & spirits*)
- RBDB (*boat*)
- RBDE (*exempt organizations*)
- RBDK (*entertainment district*)
- RBDM (*mall*)
- RBDR (*resort*)
- RR<sup>2</sup> (*railroad*)



**CHECKLIST OF REQUIREMENTS FOR PRIMARY RETAIL LIQUOR LICENSE**

<sup>2</sup>Retail by Drink - Railroad license applicants must have a duplicate license posted in each railcar where intoxicating liquor will be served; an additional fee of \$1.00 for each duplicate license required must be submitted with the application.

**RETURN DOCUMENTS TO:**

District I – Kansas City	District II – Jefferson City	District III – St. Louis	District V – Springfield
Division of Alcohol & Tobacco Control 8800 E. 63 <sup>rd</sup> Street, Ste. 180 Raytown, MO 64133	Division of Alcohol & Tobacco Control 1738 E. Elm St. – Lower Level Jefferson City, MO 65101	Division of Alcohol & Tobacco Control 7545 S. Lindbergh Blvd., Ste. 150 St. Louis, MO 63125	Division of Alcohol & Tobacco Control 505 B East Walnut St. – (Lower Level) Springfield, MO 65806
(816) 743-8888	(573) 526-4026	(314) 416-6280	(417) 895-5004
<b>Servicing:</b> Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, Saline, Vernon, Worth	<b>Servicing:</b> Adair, Audrain, Boone, Callaway, Camden, Chariton, Clark, Cole, Cooper, Crawford, Franklin, Gasconade, Howard, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pike, Putnam, Ralls, Randolph, Schuyler, Scotland, Shelby, Sullivan, Warren, Washington	<b>Servicing:</b> Bollinger, Butler, Cape Girardeau, Dunklin, Jefferson, Lincoln, Madison, Mississippi, New Madrid, Pemiscot, Perry, Scott, St. Charles, St. Francois, St. Louis City, St. Louis Co., Ste. Genevieve, Stoddard, Wayne	<b>Servicing:</b> Barry, Barton, Carter, Cedar, Christian, Dade, Dallas, Dent, Douglas, Greene, Hickory, Howell, Iron, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozark, Phelps, Polk, Pulaski, St. Clair, Reynolds, Ripley, Shannon, Stone, Taney, Texas, Webster, Wright