LIQUOR LICENSE CHANGE OF MANAGING OFFICER

City of Des Peres
12325 Manchester Road, Des Peres, Missouri 63131
Phone: 314.835.6100 | Fax: 314.835.6111
www.desperesmo.org

REQUIREMENTS

Items required to change the Managing Officer for current Liquor License:

- ☐ COMPLETED APPLICATION
- ☐ MANAGING OFFICER'S MISSOURI VOTER REGISTRATION CARD
- ☐ MANAGING OFFICER'S MISSOURI DRIVER'S LICENSE
- ☐ CURRENT "NO TAX DUE" LETTER FROM MISSOURI DEPARTMENT OF REVENUE

Des Peres License Number: _____

SECTION 1 – BUSINES INFORMATION

New Business: _____ Missouri Sales Tax Number: _____

Des Peres Address: _____ Business Phone Number: _____

SECTION 2 – MANAGING OFFICER'S INFORMATION

Name: _____ Phone Number: _____

Missouri Address: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

If foreign-born, state date, court and place of naturalization: _____

_____

Registered Voter: Precinct No. _____ of _____ township in _____ County, MO

Has Applicant ever had a license to sell liquor revoked or suspended? Yes _____ No _____

If yes, state: When? _____ Where? _____

Has Applicant ever been convicted or pleaded guilty, or been given a suspended imposition of sentence to any criminal charge? Yes _____ No _____

If yes, state the following:

Nature of charge, disposition of charge, and what Court: _____

_____

_____

STATE OF MISSOURI) SS.
COUNTY OF ST. LOUIS)

I _____ OF LAWFUL AGE, BEING FIRST DULY SWORN UPON OATH, DEPOSE AND STATES THAT I HAVE READ THE FOREGOING APPLICATION AND FULLY UNDERSTAND THE SAME, AND THAT I KNOW THE CONTENTS THEREOF, AND THAT THE ANSWERS AND STATEMENTS CONTAINED THEREIN AND THE SAME ARE TRUE. FURTHER, APPLICANT AGREES TO COMPLY WITH THE PROVISIONS OF THE ORDINANCES OF THE CITY OF DES PERES, MISSOURI RELATING TO THE MANUFACTURE, BREWING, SALE AND DISTRIBUTION OF INTOXICATING LIQUOR AND MALT LIQUOR.

_____
Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public

My Commission Expires: _____