



MISSOURI GAMING COMMISSION

APPLICATION FOR EXCURSION LIQUOR LICENSE BY CLASS B LICENSEE/APPLICANT

BUSINESS STRUCTURE (Only the Managing Officer can sign application.)

LEGAL NAME OF ENTITY		
DOING BUSINESS AS		
PHYSICAL LOCATION ADDRESS OR LOCATION OF ENTITY'S PRINCIPAL OFFICE (STREET ADDRESS)		
CITY	State	Zip Code
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
BUSINESS TELEPHONE NUMBER	MISSOURI RETAIL SALES TAX NUMBER	
MISSOURI SECRETARY OF STATE FILE NUMBER		DATE OF INCORPORATION OR ORGANIZATION
PLACE OF INCORPORATION OR ORGANIZATION (CITY/STATE)		

OPTIONAL APPLICATION FOR PERMISSION TO EMPLOY MINORS - MUST MEET QUALIFICATIONS

Does applicant hereby make application for permission to employ minors between the ages of eighteen (18) and twenty-one (21) years old as provided in Regulation 11 CSR 45-12.090(5)(C), Rules of Liquor Control?

YES NO

If yes, certify the following qualification and sign.

I certify that at least fifty percent (50%) of the gross sales of the venues in which minors will work consists of food, or at least \$200,000 in gross sales is from the sale of prepared meals or food.

SIGNATURE OF OWNER, MANAGING OFFICER, OR PARTNER	DATE
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MANAGING OFFICER INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F
HOME PHONE NUMBER	E-MAIL ADDRESS			
CURRENT ADDRESS			CITY	STATE & ZIP CODE

IS MANAGING OFFICER A NATURALIZED CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DATE AND COURT WHICH ADMITTED YOU TO CITIZENSHIP.
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LIST ADDRESSES FOR THE PREVIOUS TEN YEARS	CITY	STATE & ZIP CODE	DATES LIVED THERE

CORPORATE OFFICER INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST		
ADDRESS			CITY		STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST		
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ADDRESS			CITY		STATE & ZIP CODE		TELEPHONE NUMBER

***POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR**

BUSINESS LOCATION AND FINANCIAL INFORMATION

1. What is the distance in feet, measured in a straight line from the nearest point of the premise for which a license is requested to the nearest point of the nearest school, church, or other building regularly used as a place of religious worship? _____
2. Does anyone listed on pages 1 or 2 of this application have any direct or indirect financial interest in any brewery, winery, distillery, rectifying or blending plant, gasohol facility, liquor or beer concern, either as part owner, shareholder, agent, employee or otherwise? If so, give details:
3. State the name and address of any distiller, wholesaler, winemaker or brewer, or any employee, officer or agent thereof, who 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 Missouri Gaming Commission, or of any who has done so.
(If none, so state.)
4. State the name and address or any person, firm, corporation or other entity, other than those listed on pages 1 and 2 of this application, who has or will have a direct or indirect financial investment or interest in the business for which the applicant seeks a license, and state the nature of such interest. *(If none, so state.)*
5. In what bank(s) or other financial institution(s) does/will the applicant maintain the financial accounts for the business seeking license herein? *(Include both name and address.)*

INFORMATION CONCERNING OWNER(S), MANAGING OFFICER, SHAREHOLDER(S), MEMBER(S)

	YES	NO
6. Do you understand that the managing officer named on page 1 of this application must be a person in the applicant's employ, either as an officer or an employee who is vested with the general control and superintendence of a whole, or a particular part of, the applicant's business at a particular place?	<input type="checkbox"/>	<input type="checkbox"/>
6a. Do you meet this requirement?	<input type="checkbox"/>	<input type="checkbox"/>
7. If a license is granted, does the applicant agree that it will first obtain the approval of the Missouri Gaming Commission before naming any other person as managing officer, other than the person named herein, who should be actively in charge of the business during the term for which the license is granted?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do any of the following hold a direct or indirect interest in any liquor license issued by the Missouri Supervisor of Alcohol and Tobacco Control which is now in force: Any person or entity listed on pages 1 or 2 of this application, any person with an interest in any person or entity listed on pages 1 or 2, or any member of the households or immediate families of the preceding?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any party listed on pages 1 or 2 of this application ever held a liquor license from the Missouri Gaming Commission or the Missouri Supervisor of Alcohol and Tobacco Control, or ever had a financial interest in any entity which held such a license?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has any party listed on pages 1 or 2 of this application ever made application for a liquor license which was denied by the Missouri Gaming Commission, the Missouri Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county or city?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have any of the parties listed on pages 1 or 2 of this application ever held a liquor license or had a financial interest in a liquor license which was suspended, revoked, fined, placed on probation or otherwise disciplined by the Missouri Gaming Commission, the Missouri Supervisor of Alcohol and Tobacco Control, or by the licensing authority of any other state, county or city?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there now employed, or will the applicant employ, in the business sought to be licensed, any person who has at any time, held or had an interest in a liquor license, or in an applied-for license, from the Missouri Gaming Commission or the Missouri Supervisor of Alcohol and Tobacco Control which was suspended, revoked, fined, placed on probation or otherwise disciplined, or which was denied, or any person who has been charged with or indicted for, received a suspended imposition of sentence for, or been convicted of any crime?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone listed on pages 1 or 2 of this application, or any person with an interest in the preceding, ever been employed by any entity that has had a license revoked, suspended, fined, placed on probation or otherwise disciplined by the Missouri Gaming Commission or the Missouri Supervisor of Alcohol and Tobacco Control?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has any person or entity listed on pages 1 or 2 of this application, or any other person with a direct or indirect financial interest in the business ever been charged with or indicted for, received a suspended imposition of sentence for, or been convicted of 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?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any person or entity listed on pages 1 or 2 of this application, or any other person with a direct or indirect financial interest in the business ever been convicted of the violation of any city ordinance relating to intoxicating liquor, non-intoxicating beer, gambling, immorality, fighting, peace disturbance or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has any person or entity listed on pages 1 or 2 of this application, or any other person with a direct or indirect financial interest in the business ever been convicted of the violation of any Federal law, law of the State of Missouri or any other state or country concerning intoxicating liquor or non-intoxicating beer?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has any entity of which any person listed on pages 1 or 2 of this application has been managing officer, shareholder, director, officer or member ever been charged with, indicted for, received a suspended imposition of sentence for, or been convicted of a violation of any Federal law, law of the State of Missouri or of any other state or country?	<input type="checkbox"/>	<input type="checkbox"/>
18. 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 Missouri Gaming Commission, in your name, for his/it's benefit?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED "NO" TO QUESTIONS 6, 6a, 7 OR IF YOU ANSWER "YES" TO QUESTIONS 8 THROUGH 18, EXPLAIN THE ANSWER IN
DETAIL BELOW BY PLACING THE QUESTION NUMBER NEXT TO THE EXPLANATION. USE ADDITIONAL SHEET(S) IF NECESSARY.

IMPORTANT

You are required to report any change of fact contained herein within ten (10) days!

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

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 Commission.

The applicant acknowledges that any license granted by the Commission will be subject to the provisions of the Rules and Regulations of the Commission, and that failure to conform thereto will subject its license to suspension, revocation, fine, probation or other discipline by the Commission. Further, the applicant agrees to allow inspections made in accordance with the Rules and Regulations of the Commission, and authorizes the Commission or its 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 Commission or its 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 documentation related to the business.

The applicant authorizes the Commission or its duly appointed Agents to conduct a criminal record check of the managing officer, all officers, and stockholders or members owning five percent or more stock or interest in the applying entity.

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 MANAGING OFFICER

DATE

IF APPLICABLE, TYPE OR PRINT THE EXACT NAME OF THE CLASS B LICENSEE/APPLICANT

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)		

FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW

Based on the information contained herein, this application for licensure by the Missouri Gaming Commission is hereby Approved Denied

DIRECTOR



MISSOURI GAMING COMMISSION
EXCURSION LIQUOR LICENSE
GAMING & NON-GAMING SALES/SERVING/STORAGE LOCATIONS

LOCATION:

HOURS: FROM _____ TO: _____



MISSOURI GAMING COMMISSION
EXCURSION LIQUOR LICENSE
GAMING & NON-GAMING SALES/SERVING/STORAGE LOCATIONS

LOCATION:

HOURS: FROM _____ TO: _____

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