



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**AFFIDAVIT OF LOST PERMIT**

DATE

NAME OF CORPORATION, SOLE OWNER, PARTNERSHIP, OR LLC

LICENSE NO.

DOING BUSINESS AS

ADDRESS

CITY

STATE

ZIP

being first duly sworn upon  his  her  their oath, state(s) that on \_\_\_\_\_, (MONTH, DAY, YEAR), there was issued to \_\_\_\_\_ NAME OF CORPORATION, SOLE OWNER, PARTNERSHIP OR LLC by the Supervisor of Alcohol and Tobacco Control of the State of Missouri, \_\_\_\_\_ STATE LICENSE NUMBER(S) to sell \_\_\_\_\_ LICENSE TYPE(S) and that said original license was lost or destroyed on or about \_\_\_\_\_ and that the circumstances under which the license was lost or destroyed are (MONTH, DAY, YEAR) as follows: \_\_\_\_\_

It is therefore requested that a duplicate license be issued in lieu thereof.

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

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AN 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**