



Neighborhood and Community Services Department
 Regulated Industries Division
 635 Woodland, Suite 2101
 Kansas City, Missouri 64106-1551
 (816) 784-9000

**EMPLOYMENT OF
 CONVICTED
 FELONS
 NOTIFICATION
 REPORT FORM**

Licensee's Name _____
 Exact Corporate or Partnership Name

DBA _____ License Number _____
 Liquor License Number

Address _____
 Number/Street City Zip

The above named retail licensee hereby notifies the Supervisor of Liquor Control of the employment of

_____, a person convicted on _____
 Name of Felon Date of Conviction

of _____, a felony unrelated to the manufacture or sale of intoxicating liquor.
 Nature of Conviction

I/we hereby acknowledge that this individual is prohibited from directly participating in the retail sale of intoxicating liquor and/or non-intoxicating beer by accepting payment, taking an order, delivering an order, or mixing or assisting in mixing or serving intoxicating liquor or non-intoxicating beer in the capacity of, but not limited to; bar managers, bartenders, waiters, waitresses, cashiers and sales clerks. I/we also affirm that I/we will notify the Supervisor of Liquor Control in writing within ten days of said employee leaving employment with this establishment.

STATE OF MISSOURI)
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 COUNTY OF)

Signatures:

 Managing Officer, licensee and/or partner(s)

 Managing Officer, licensee, and/or partner(s)

 Managing Officer, licensee and/or partner(s)

 Managing Officer, license and/or partner(s)

Subscribed and sworn before me this _____ day of _____ 20 _____

 Notary Public

 My commission expires