



If a corporation, list all directors' information as requested below (use additional paper if needed):

<u>Name</u>	<u>Address</u>	<u>Home and Mobile Phones</u>	<u>Date/Place of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a corporation, list information as requested for all shareholders with a greater than a 10 percent interest (use additional paper if needed):

<u>Name</u>	<u>Address</u>	<u>Home and Mobile Phones</u>	<u>Date/Place of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a partnership, list all partners' information as requested below (use additional paper if needed):

<u>Name</u>	<u>Address</u>	<u>Home and Mobile Phones</u>	<u>Date/Place of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the requested information of all persons who may be assigned to any part of the management and/or control of the business:

<u>Name</u>	<u>Address</u>	<u>Home and Mobile Phones</u>	<u>Date/Place of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

Have you or any person listed on this application been convicted of violating any provisions of this chapter?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you or any person listed on this application been convicted of a felony, misdemeanor, infraction or ordinance violation involving moral turpitude, a breach of fiduciary obligation, crimes of physical violence or property crimes?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you or any person listed on this application ever had a permit issued under this article revoked or suspended?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered yes to any of the above, list all details/convictions below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

SEAL: STATE OF MISSOURI  
COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

MY COMMISSION EXPIRES:

\_\_\_\_\_  
Date Notary Public

**OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW**

**-----INVESTIGATOR -----**

Date Case Completed: \_\_\_\_\_ Date of Location Check: \_\_\_\_\_

Contingency items needed prior to issuance of license: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division Investigator Date

**-----INVESTIGATIONS SUPERVISOR -----**

This application is hereby recommended to be:  Approved  Disapproved

Reason for approval/disapproval of license (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division Investigations Supervisor Date

**-----MANAGER -----**

This application is hereby recommended to be:  Approved  Disapproved

Reason for approval/disapproval of license (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division Manager Date

