

SSN: _____ DOB: _____ DRIV LIC. #: _____

MANAGER'S NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SSN: _____ DOB: _____

STATE LICENSE:

Alcoholic Beverage Laws Enforcement Commission License Number and expiration date:

_____ EXP: _____

.....
(For Office Use Only)

Send APPLICATION FOR REVIEW sheets to: Fire—Fire Department
Zoning & Health—Ron Green

Mixed Beverages.....\$1,005.00
Caterer.....\$1,005.00
Beer and Wine.....\$500.00 (will also need a City Beer Permit and all other associated permits)

Non-Profit organizations under Sec. 501 (c) (19)..... \$200.00

Copy of ABLE Commission License: Y N

Set Expiration date of City License to the same expiration date as ABLE.

City Occupational License #: _____

Issuing Clerk: _____