



Calendar Year \_\_\_\_\_  
Date Received \_\_\_\_\_  
Police Approval \_\_\_\_\_  
CC Approval \_\_\_\_\_

**LICENSE FEE: \$300.00**

### LIQUOR LICENSE RENEWAL APPLICATION

Please Complete All Items – Incomplete Forms Will Be Returned Without Being Processed

Name of Business: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ State Permit #: \_\_\_\_\_  
Manager's Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Business Owners' Information:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Liquor License Fee - \$300.00  
\_\_\_\_\_ Penalty – If paid after February 14 - Add \$150.00  
If paid after March 31 - Add \$300.00

I CERTIFY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT AND THAT I WILL ABIDE BY ALL OF THE CONDITIONS LISTED ON THIS APPLICATION.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Title of Applicant \_\_\_\_\_