



ABC License Application

New License: \_\_\_\_\_ Renewal: \_\_\_\_\_

ABC License Type: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Street

City

State

Zip Code

City License Number: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Expired: \_\_\_\_/\_\_\_\_/\_\_\_\_

State License Type: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Expired: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Period to Be Covered By License: From: \_\_\_\_/\_\_\_\_/\_\_\_\_  
To: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Amount of Local License Fee (Type) Code Section 111.20 Appendix

Amount: \$ \_\_\_\_\_

Amount of State License Fee (Type)

Amount: \$ \_\_\_\_\_

3. Is the applicant the owner \_\_\_\_\_ or renter \_\_\_\_\_ of the premises to be licensed? If the renter, does the lease cover the full license period for the premises to be licensed?

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

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ in the year of our Lord

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

This certifies that the applicant herein above named has been approved for this type license applied for and at the premises above specified.

\*\*\*Present this application along with your state license, along with payment.\*\*\*