

**APPLICATION FOR RETAIL LIQUOR STORE
(OCCUPATIONAL TAX)**

Name of Business _____

Address _____ Telephone Number _____

Name of Owner* (if Corporation or partnership, state name)

Address _____ Telephone Number _____

Requirements: Must have State License issued prior to issuance of City Permit.

State License Number _____

State Sales Tax Permit No. _____

Applicant's Signature

(Office Use Only)

City License No. _____

Date Issued _____

*** IF CORPORATION, COMPLETE BACK SIDE OF APPLICATION.**

TO BE COMPLETED IF CORPORATION OR PARTNERSHIP

OFFICERS

(Name)

MAILING ADDRESS

TELEPHONE NUMBER

President

Vice President

Secretary

Treasurer
