



License/Permit Number _____

Business (DBA) and/or Event _____

Effective date(s) _____

**** CONFIDENTIAL ****

New or Renewal Beer Permit, Wine Permit and/or Liquor License Application Addendum

PLEASE PRINT CLEARLY OR TYPE.

Applicant's Name _____
(Name of Corporation/Partnership/Sole Proprietor)

Business Address _____ **Phone** _____

Manager Name _____ **Birth Date** _____

Home Address _____

Home Phone _____

Building Owner _____ **Phone** _____

Financial Information. IMPORTANT: You must provide a copy of a **bank statement or balance sheet** (not a profit and loss statement) for the above named business. **PLEASE DO NOT ATTACH YOUR ORIGINAL BANK STATEMENT OR COPIES OF CHECKS FROM THE BANK STATEMENT.**

Identify bank name(s) and location(s) of any and all accounts associated with this business; list persons permitted to sign checks and withdraw funds.

Are there sources of funding **other than** revenues generated by the business itself? Yes ___ No ___
If "yes", identify all funding sources from whom money was (or will be) obtained for this business:

Gambling License. Have you or will you be applying for a gambling license? Yes ___ No ___

Other Licenses. Has any person listed under *Owner Information* for this license ever applied for a license to sell alcoholic beverages at any other location besides this application? Yes ___ No ___

If yes, please provide the following information (attach additional sheet, if needed):

Name of owner and business name (dba) _____

Location of business _____

Felony Arrest/Convictions. Have you or any owner of this license ever been arrested or convicted of a felony? Yes ___ No ___

If yes, list date(s) of arrest or conviction: _____

Liquor/Gambling/Morals Charges. Have you or any other owner of this license ever been arrested or convicted of any liquor, gambling or morals charges? Yes ___ No ___

If yes, list date(s) of arrest or conviction: _____

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Owner Information. *All persons* holding any interest in the business *must be listed below*. Please indicate percentage of ownership (*even if 0%*) for each person; total ownership must equal 100%. *Also list persons who are officers or directors* of the corporation, *even if they have 0% ownership*.

Attach additional sheets as needed.

Name _____ Title _____

Address _____ Percentage Ownership _____

_____ Home Phone _____

Birth Date _____ Social Security Number _____

Places of employment for the past 10 years: _____

Residences for the past 10 years: _____

Name _____ Title _____

Address _____ Percentage Ownership _____

_____ Home Phone _____

Birth Date _____ Social Security Number _____

Places of employment for the past 10 years: _____

Residences for the past 10 years: _____

Name _____ Title _____

Address _____ Percentage Ownership _____

_____ Home Phone _____

Birth Date _____ Social Security Number _____

Places of employment for the past 10 years: _____

Residences for the past 10 years: _____

The signer of this document fully understands that any falsification made herein will constitute grounds for denial, suspension, or revocation of this license or permit.

Date Signature of Owner (person must be listed under Owner Information)

Date Signature of Investigating Officer Revenue 12/11/2020