

CITY OF HARAHAH

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Type Of Application	<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Retail Dealer	<input type="checkbox"/> Package Dealer Beer Only <input type="checkbox"/> Package Dealer Beer & Spirits	
Correct Name and Address of Alcoholic Beverage Outlet				
Type Of Outlet	<input type="checkbox"/> Bar <input type="checkbox"/> Lounge	<input type="checkbox"/> Restaurant <input type="checkbox"/> Pool Room	<input type="checkbox"/> Food Store <input type="checkbox"/> Drug Store	
Full Name of Applicant			Nickname or Aliases	
Applicants Correct Address (Apt., Street, RFD, City)			Telephone Number Business _____ Residence _____	
Sex	Race	Height	Weight	Marital Status
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Other	Ft In 	Lbs 	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated
Date of Birth	Place of Birth			
If Outlet is a Partnership or a Corporation List All Partners Names, Addresses <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual Check One of Three <hr/> <hr/>				
Should additional space be required, use reverse side of application.				
If Outlet is financed by others than the applicant, partnership or corporation, give complete name of financial backer or backers and their proper addresses and telephone numbers. <hr/> <hr/>				
Should additional space be required, use reverse side of application				
I hereby certify that this application contains no willful misrepresentations or falsifications, that information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected.				
Date		Signature		
Notice of Application Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Dept. Invst.	Police Dept. App.	Approval of Mayor and Board of Aldermen and date	