

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Planning & Development Services

OFFICE USE ONLY	
ZC - _____ - _____	FEE: \$ _____
DATE: _____	EZ FEE: \$ _____ []
Account No. 001-660-6680-3401 []	
Account No. 001-660-6680-1124 (Enterprise Zone) []	
Account No. 001-660-6680-1125 (Enterprise Zone Credit) []	

Applicant Name: _____

Business Name: _____

Trade Name (D/B/A): _____

Type of Business: _____

Location Address: _____

Daytime Phone Number: _____ Series: _____

To be completed by zoning administrator.

The above application is: Approved [] Denied [] Date: _____

Conditions: _____

Signed: _____ Title: _____

Certified Cashier's Receipt: