



Application for Privilege License

Business Information

Business Name: _____ Date: _____

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of License: _____

If selling gas, number of nozzles: _____

If selling prepared food, number of seats: _____

Beer/Wine: Yes No On/Off Premises: Yes No

State License Number: _____

Applicant's Information

Applicant Name: _____ Date: _____

Relationship to Business: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____