



\$20.00 renewal fee

Period ending June 30, _____

APPLICATION FOR RENEWAL OF OPERATOR'S LICENSE

NAME _____ TODAY'S DATE _____

(PLEASE PRINT)

MALE _____ FEMALE _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

(HOUSE NUMBER, STREET, CITY, ZIP)

PHONE _____ EMAIL _____

PLACE OF EMPLOYMENT _____

Have you been convicted within the previous licensing period of any violation of the law (other than traffic violations)? YES _____ NO _____ (Operating while under the influence of an intoxicant, controlled substance or any other drug is NOT considered traffic and MUST be reported) If yes, give date, reason, address of court and disposition.

Please be advised that this information will not automatically disqualify you, but will only be given consideration if the offenses are substantially related to the this license.

I further certify that I am familiar with the laws, ordinances, and regulations pertaining to the sale of beverages under Class B licenses, and I hereby agree, if granted said license to obey all provisions of said laws.

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER/AGENT