

## Liquor License Contact Information

Completing the following information for our records will ensure you receive mailings and will also enable us to communicate via email or phone if needed.

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Preference: Mail \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

If different from contact above:

Agent Name: \_\_\_\_\_

Agent Phone: \_\_\_\_\_

I would like my license(s):

\_\_\_\_\_ Mailed to the above mailing address

\_\_\_\_\_ Held at City Hall