



ABD Application Number: App- _____
License/Permit Number: _____
Business (DBA) and/or Event: _____
Tentative Effective Date: _____

**** CONFIDENTIAL ****

Addendum for New, Renewed, or Amended Liquor License and/or Beer/Wine Permit Applications

License Type: New License License Renewal Amendment

Applicant/Legal Entity: _____

Name of Business (DBA): _____

Premise Address: _____ Phone: _____

Manager Name: _____ DOB: _____

Home Street Address: _____ Phone: _____

City, State ZIP: _____

Building Owner Name: _____ Phone: _____

Financial Information

IMPORTANT: NEW license applicants MUST include a copy of a bank statement or balance sheet (*not a profit/loss statement*) for the business named above with this addendum.
DO NOT include original bank statements or copies of checks with your bank statement.

List financial institution(s) and location(s) of any and all accounts associated with this business. List all individuals permitted to sign checks and withdraw funds.

Are there sources of funding other than revenues generated by the business itself? Yes No

If "yes", identify all funding sources from whom money was (or will be) obtained for this business:

Gambling License:

Have you or will you be applying for a gambling license? Yes No

Other Licenses:

Has any person listed under "Owner Information" (page 2) for this license ever applied for a license to sell alcoholic beverages at any other location besides this application? Yes No

If yes, please provide the following information (attach additional sheet, if needed):

Name of owner and business name (DBA): _____

Location of business: _____

Felony Arrest/Convictions.

Has any person listed under "Owner Information" (page 2) for this license ever been arrested or convicted of a felony? Yes No

If yes, list date(s) location of arrest or conviction: _____

Please provide disposition of court if applicable.

Liquor/Gambling/Morals Charges.

Has any person listed under "Owner Information" (Page 2) for this license ever been arrested or convicted of any liquor, gambling or morals charges? Yes No

If yes, list date(s) of arrest or conviction: _____

Please provide disposition of court if applicable.

Business and/or Event Name

License/Permit Number

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Owner Information. *All persons holding any interest in the business must be listed below. Please indicate percentage of ownership (even if 0%) for each person; total ownership must equal 100%. Also list persons who are officers or directors of the corporation, even if they have 0% ownership.*

Attach additional sheets as needed.

Name _____ Title _____

Address _____ Percentage Ownership _____ %

Home Phone _____

Birth Date _____ Social Security Number _____

Places of employment for the past 10 years: _____

Residences for the past 10 years: _____

Name _____ Title _____

Address _____ Percentage Ownership _____ %

Home Phone _____

Birth Date _____ Social Security Number _____

Places of employment for the past 10 years: _____

Residences for the past 10 years: _____

Name _____ Title _____

Address _____ Percentage Ownership _____ %

Home Phone _____

Birth Date _____ Social Security Number _____

Places of employment for the past 10 years: _____

Residences for the past 10 years: _____

The signer of this document fully understands that any falsification made herein will constitute grounds for denial, suspension, or revocation of this license or permit.

Date

Signature of Owner (person must be listed under Owner Information)

Date

Signature of Investigating Officer