

CITY OF MOLENA
APPLICATION FOR THE RETAIL SALE OF
MALT BEVERAGES AND WINE

Name: _____

Age: _____ Date of Birth: _____

Address: _____

Telephone Numbers: _____

Address of the building from which the permitted malt beverages and wine shall be sold if a license is granted:

The trade name of the business where the permitted malt beverages and wine will be sold:

State Liquor License #: _____

Statement as to whether any applicant has ever been convicted of any felony under any state or federal law:

Statement as to whether any applicant has ever been convicted of violating any state or federal law regulating the manufacture or sale of any malt and wine beverage:

Tax Identification Number: _____

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Sworn to and subscribed before me this the _____ day of _____ 20_____

Notary Public