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BEER PERMIT APPLICATION

TODAY'S DATE: _____	SOCIAL SECURITY NO. OR TAX ID # _____
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NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 PHONE: _____



BUSINESS NAME: _____
 IS THIS ANEW BUSINESS: _____ YES _____ NO
 BUSINESS ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 TYPE OF BUSINESS (BE SPECIFIC): _____



DATE OF BIRTH	SEX	WEIGHT	HEIGHT
EYE COLOR	HAIR COLOR	RACE	DL NUMBER

_____ SIGNATURE OF APPLICANT	_____ DATE
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