



**OFF-PREMISE BEER AND WINE SALES
PERMIT APPLICATION**

Name of Business: _____

Manager's Name: _____ Telephone: _____

Property Description: _____

Legal Description: _____

Type of Permit: _____ Primary Business Use: _____

Applicant/Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Other Phone: _____ Email: _____

APPROVED:

Signature of Applicant/Owner

Signature of City Secretary

Date

Date

Paid

Amount _____

Check Number _____

Date _____