CITY OF WALTERS
ALCOHOLIC BEVERAGE PERMIT APPLICATION

TYPE OF PERMIT REQUESTED: _____

☐ NEW APPLICATION ☐ RENEWAL DATE:_____

BUSINESS INFORMATION	
Business Name:	
Business Street Address:	
Business Mailing Address:	
City/State/Zip:	Business Telephone No:
Legal Description of Property (Street Address Is NOT Acceptable)	
Lot: Block:	Addition:

OWNER/CORPORATE INFORMATION	
Business Owner's Name*:	Is Business a Corporation? ☐ YES ☐ NO
Owner's Address:	Business Tax ID#:
City/State/Zip:	Telephone No:
*List all names and social security numbers used in the preceding five (5) years of ALL individuals owning at least 10% interest in the business. Additional sheets attached? ☐ Yes ☐ No	
Owner's Names:	**Social Security Numbers:** **Driver's License Numbers:**

APPLICANT/MANAGER INFORMATION	
Applicant/Manager's Name:	Relation To Business:
Home Address:	Cell Phone No:
City/State/Zip:	Home Telephone No:

I certify under penalty of perjury that the information contained on this application is true and correct. I further understand that any incorrect information contained on this application may result in the revocations of any permit issued and/or criminal prosecution.

SIGNATURE OF APPLICANT: _____

Subscribed and sworn to before me this _____ day of _____20____.

My Commission Expires: _____ Notary Signature: _____

My Commission Number: _____

CITY ACTION		
☐ APPROVED		☐ DENIED
Permit No:		Denial Letter Date:
Receipt No:		Certified Mail Number:
Issue Date:	Expiration Date:	Appeal Time Expires:
Clerk:		Supervisor Approval: