

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information

Is your licensed premises closed? YES NO

If yes, is your license in safekeeping with the Authority? YES NO

If yes, do you wish for your license to remain in Safekeeping at Renewal? YES NO

Is your license a C-103 Beer Wholesaler license? YES NO

If yes to any of the above, unless you hold a C-103 license, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open.

If you have Farm Manufacturing Branch Office permit(s), are you also renewing said permit(s)?

YES NO NOT APPLICABLE

If no, please explain reason for non-renewal:

Licensed Premises Name: License Serial #:

Trade Name (if applicable):

Federal Employer Identification Number (FEIN):

Certificate of Authority Number:

Address of the Licensed Premises

Licensed Premises Address:

**Required*

City: State: Zip Code:

County: Email Address:

**Required*

Premises Telephone # (include area code): Contact Phone # (include area code):

**Required*

If the address your premise is know by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.

Mailing Address (if different than premises address)

Mailing Address:

City: State: Zip Code:

Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name:

Address:

City: State: Zip Code: