

CITY OF DES MOINES POLICE DEPARTMENT
ADDENDUM TO APPLICATION FOR NEW
LIQUOR LICENSE OR BEER OR WINE PERMIT

THE PERSON(S) MAKING THIS APPLICATION HEREBY AGREE(S) TO FURNISH THE FOLLOWING INFORMATION BEFORE THE LICENSE OR PERMIT WILL BE GRANTED BY THE CITY.

BUSINESS NAME _____

BUSINESS ADDRESS _____ PHONE _____

APPLICANT & MANAGER'S SSN #'S & D.O.B.'S _____

1. Submit this form with your completed application to the City Clerk's Office.
2. Failure to provide complete information will cause a delay in the processing of your application. Forms must be legible.
3. This addendum is to be filed by all new applicants.
4. If you have ever had a liquor license in the past, provide the following information:
 - a. Name as it appeared on the license _____
 - b. Name of the business _____
 - c. Location of the business _____
 - d. Reason for relinquishing the license _____
 - e. Date of issue the license held _____
5. Attach a sheet listing the applicant and local manager's address of residence for the past 5 years.
6. Retail Sales Tax Permit # _____

By affixing my signature to this document, I am stating all current and/or previous information is accurate and factual.

SIGNATURE _____ DATE _____

STATE OF IOWA, COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

SIGNATURE OF NOTARY _____

MY COMMISSION EXPIRES _____