



FOR OFFICE USE ONLY:

Permit # _____

New Transfer Ren

Affiliation Agreement

Please complete this form entirely, including signature by both the Hotel Officer and Permit Holder:

This is to certify that _____
Hotel Name

authorizes _____
Permit Applicant Name

to serve liquor to hotel guests upon request, during all hours of legal operation, however the permit holder will assume all liability.

By signing below, each party approves the affiliation agreement for the purpose of processing the D-5a liquor license.

Hotel Officer Signature:

(Please Print Name) (Title) (Date)

Permit Applicant Signature:

(Signature of Individual, Partner, Officer, Managing Member, or 5% or more Stockholder or Member)

(Please Print Name) (Title) (Date)

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