



APPLICATION FOR RENEWAL OF SOLICITOR REGISTRATION

INSTRUCTIONS:			
SECTION I TO BE COMPLETED BY THE EMPLOYER			
SECTION II TO BE COMPLETED BY THE EMPLOYEE			
A \$50.00 FEE IS DUE WITH EACH RENEWAL APPLICATION. MAKE CHECKS PAYABLE TO "DIVISION OF LIQUOR CONTROL"			
SECTION I EMPLOYER INFORMATION - TO BE COMPLETED BY THE EMPLOYER			
EMPLOYER (company name):			
STREET ADDRESS:			CITY:
STATE:	ZIP CODE:	AREA CODE/ PHONE NUMBER:	PERMIT NUMBER:
CONTACT PERSON:		TITLE:	
EMAIL ADDRESS:			
SWORN STATEMENT: I _____, AM AN EMPLOYER OF THIS COMPANY AND STATE THE (EMPLOYER SIGNATURE)			
ABOVE INFORMATION IS TRUE AND CORRECT.			
SECTION II EMPLOYEE / AGENT INFORMATION - TO BE COMPLETED BY THE EMPLOYEE / AGENT			
NAME:		AREA CODE/ PHONE NUMBER:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
DATE OF BIRTH:		PLACE OF BIRTH:	
EMAIL ADDRESS:			
Have you been convicted of any offense other than a minor traffic violation within the past two years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, a full explanation and copy of CERTIFIED Journal Entry, sentence or disposition MUST be attached.			
SWORN STATEMENT: I _____, STATE THE ABOVE INFORMATION IS TRUE AND CORRECT. (EMPLOYEE SIGNATURE)			
FOR DIVISION USE ONLY			
ID#	DATE ISSUED	CHECK#	AMOUNT\$
OTHER:			
Superintendent Approval/Denial: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		_____	_____
		(Signature)	(Date)