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Name of Business

Business License Number

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Business Street Address

City

State

ZIP

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Managing Agent

Phone Number

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Contact Name

Email Address

I certify and confirm that I have viewed, or control, the site where a temporary liquor license will be used and the site, as well as the access to the site, meets or exceeds the requirements of the Americans with Disabilities Act with respect to access and parking.

If your location is exempt from the Americans with Disabilities Act, please state your exemption.

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By signing below, you certify that the information given in this statement is true to the best of your knowledge and belief and that the license is non transferable.

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Signature of Applicant

Printed Name

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Title

Date