

ALCOHOLIC BEVERAGE CONTROL LICENSE  
CLASS-3 RETAIL DEALER'S ON-SALE GENERAL REGISTRATION FORM

DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

The undersigned \_\_\_\_\_ hereby submits the names of employees of \_\_\_\_\_  
(If corporation, print the full name of the corporation) (Doing Business As)

Whose license number is \_\_\_\_\_, for the purpose of the compliance with Article II, Section 9 (e) of the Alcoholic Beverage Control Rules and Regulations.

\_\_\_\_\_  
Signature of licensee of authorized person

	<u>NAME</u>	<u>JOB TITLE</u>	<u>BIRTHDATE</u>	<u>SEX</u>	<u>RESIDENCE</u>	<u>S.S. No.</u>
1.						
2.						
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11.						
12.						