

Supplemental Questionnaire for Special Food and Beverage Industry Event

All Licensees / Applicants must file jointly for event and must complete list of representatives, sales personnel, pourers and include a \$20.00 application fee

(a) Full Name of Applicant: _____
Manufacturer or Wholesaler

(b) Address: _____
Street Address City/Town State Zip Code

(c) Mailing Address _____
Street Address Town/City State Zip Code

(d) Telephone Number: _____ Fax: _____

NOTE:

This application must be signed by a duly authorized officer of the corporation executing the application and filed with the Liquor Licensing & Inspection Division.

_____ on _____, 20____
NAME OF CORPORATION Month/Day

BY: _____
CORPORATE OFFICER'S SIGNATURE – TITLE PRINTED NAME & TITLE

List of representatives, sales personnel, pourers

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

This form may be photocopied