SODA LICENSE APPLICATION

Soda License ***$5.00***

For the license period beginning _____; ending _____;

TO THE GOVERNING BODY of the CITY OF ADAMS, County of Adams.

Please Check One and Fill Out Appropriate Section: _____ Individual **(Complete A & C)**
_____ Partnership **(Complete A & C)**
_____ Corporation **(Complete B & C)**

A. Individual or Partnership:

Full Name(s)	***Home Address***	***Mailing Address***

B. Full Name of Corporation: _____

Address of Corporation: _____

All Officers & Directors:

Title	***Full Name***	***Home Address***	***Mailing Address***
President			
Vice President			
Secretary			
Treasurer			
Agent			

C. Trade Name: _____

Address of Premises: _____

Post Office: _____

Business Telephone: _____

_____ _____
(Individual / Partner / President of Corporation) (Date)

Please send application and $5.00 fee to:

City of Adams Clerk's Office
PO Box 1009
Adams, WI 53910