



**APPLICATION FOR DAVIESS COUNTY
ALCOHOLIC BEVERAGE LICENSE**

APPLICANT INFORMATION

Business Name:

Current address:

City:

| State:

| ZIP Code:

Phone:

State ABC License Number:

License is Effective Until:

Does Applicant Understand the Laws Affecting the Sale of Alcoholic Beverages? YES or NO

EMERGENCY CONTACT

Name:

Phone:

SIGNATURES

Signature of Applicant:

Date:

County Administrator: