

**THIS FORM MUST BE COMPLETED FOR EACH:**

APPOINTMENT OR CHANGE OF MANAGER

TRANSFER OF LICENSE

All questions must be answered or application will not be accepted.

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LICENSEE NAME

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NAME OF (PROPOSED) MANAGER

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SOCIAL SECURITY NUMBER

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HOME ADDRESS

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TELEPHONE

CELL

REGISTERED VOTER:  YES  NO

EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address):

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HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES

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**I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

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Proposed Manager/Licensee Signature

Date