702		LAUREL SPRINGS	NT 00001
	WEST ATLANTIC AVENUE FOR LICENSE FOR SOLI	•	•
	ION CREMENT FOR SOLL	•	DATE:
	print all entries. (2)		
	be taken. (3) Submit n		
	<u>e certain that it is co</u> mplete applications wil		
ISSUED FOR 90 DAY			
1) Name of Appli	cant:		
Last	First		Middle
2) Dhysical doss	ription of Applicant:		· · · · · · · · · · · · · · · · · · ·
_			Color: Birth Date:
3) Permanent Hom	e Address:		
4) Contact:			
Phone Number:	E-mail Address	s :	
5) Motor Vehicle			
Driver's L		State:	
			or license? yes 🛛 no
License Pla Make	Model	State: Vear	Color
Make	HOUET	Iear	00101
6) Nature of the	Business or Activity		
Name of Bus	siness:	Business Phone	Number:
Address of	Business:	Principle offic	cer of Business:
Is business	s a corporation or pai	rtnership yes	🗖 no 🗖
Goods or it	tems to be sold or give	ven away:	
7) Criminal Conv			
,	en convicted of any c	rime. misdemeanor.	or violation of
—	rdinance other than t		
±	t was the nature of t		
<u> </u>	ent or penalty assess	· <u>-</u>	01 0011/100101
	ene of penaley abbebb	Cu.	
		SEY, COUNTY OF CAM	
I,		, of full age, be	eing duly sworn
	deposes and says:	amagaing applicati	an the mattern and
	licant named in the f	5 5 11	
-	ned therein are true, tion, to the best of		out faisffication of
SIGNATURE: X			:
_	subscribed before me	this day	
of	/		
LICE INVESTIGATI	ON: Approved 🛛	Disapproved 🛛	
	± ±		
	TCE		
SIGNATURE OF POI CHIEF:	」L C 凸	DATE:	
~···± ··· · · · · · · · · · · · · · · ·		·	