## THE CITY OF PHILLIPS RENEWAL -APPLICATION OPERATORS LICENSE

Date://			<b>Fee: \$25.00</b>			
Name:				Date of Birth:	/ /	
First	Middle	Last				
Address:	City			State:	ZIP	
Sex: (M / F ) Race:	Drivers Lice	ense #:			State:	
City of Birth:	Stat	te:	Social	Security#:		
Renewal Application for	or what Business?					
List ALL current or p	eviously held licen	ses for sale	e of alco	ohol:		
Issued by and year issued:Current Status:						
Have you been charged w	ith or convicted of a	felony with	in the la	st year? (YES / I	NO)	
Have you been charged o	r arrested within the	last year?	(Yes / No	<b>)</b>		
If you have answered yes offenses)	to either of the above	e questions	please li	st below. (exclud	le minor traffic	
Charge:	Month & Ye	ear of Arrest:	/	_City	State:	
Charge:	Month & Yo	ear of Arrest:	/	_City	State:	
Charge:	Month & Yo	ear of Arrest:	/	_City	State:	
Providing false informatic completing and signing than investigation into your license by the City of Phipersons providing information.  By my signature I certify my knowledge:	nis renewal application background for the llips. Further your si ation from civil liabil	on, you are a purpose of gnature rel lity regardi	authoriz verifying eases the ng the re	ing the City of P g your suitability e City of Phillips elease and receip	hillips to conduct to be re-issued a , it's agents and t of your	
Applicants Signature: Wittnessed by:						

Signature