



City Clerk
100 State Street, Beloit, WI 53511
Ph: 608-364-6680; Fax: 608-364-6642

APPLICATION FOR AMENDMENT OF CLASS "B" BEER AND "CLASS B" INTOXICATING LIQUOR LICENSED PREMISES DESCRIPTION

Name of Licensed Premises: _____

Address: _____

Applicant's Name: _____

Phone Numbers – business and personal: _____

Purpose for requesting the amendment to premises description:

Detailed description of new premises (attach scaled drawings/floor plans):

Signature of Applicant: _____

Date of Application: _____

1. ABLCC meeting date*: _____
2. City Council meeting date*: _____
3. Applicant amends premises description on license application at City Clerk's Office after Council approval. Date: _____

*Application MUST be present for these meetings.