



Beloit
WISCONSIN

**CITY OF BELOIT
ALCOHOL LICENSE RELINQUISHMENT**

Date: _____

Business Name: _____

Address of Business: _____

Name of Owner(s): _____

As owner/owners of the above-named business, I/we agree to relinquish the alcohol license issued to the above-listed address to:

upon the Beloit City Council granting the same.

Signature of Owner(s)

Signature of Owner(s)

Return to:

Beloit City Clerk-Treasurer
100 State Street
Beloit, WI 53511