



APPLICATION FOR BEER/WINE LICENSE

Town of Elon
P.O. Box 595
Elon, NC 27244
(336) 584-4828 Fax # (336) 584-5334

Date of Application _____ Tax ID# _____
(If Applicable)

Name of Business _____

Business Street Address _____

City _____ State _____ Zip _____

Mailing Address _____
(if different from above)

City _____ State _____ Zip _____

Business Telephone _____ Fax # _____

Name of Owner(s) _____

Home Address of Owner(s) _____

Home Telephone # of Owner(s) _____

Name of Manager _____

Beer On Premises Beer Off Premises Wine On Premises Wine Off Premises

I affirm, under penalties prescribed by law, that I have examined this application and statement, that to the best of my knowledge and belief, it is true, complete and made in good faith pursuant to the Town of Elon ordinance.

Signature of Applying Person