SODA LICENSE APPLICATION

Soda License \$5.00	<u>)</u>				
For the license period	; ending	ending;			
TO THE GOVERNI	NG BODY of the O	CITY OF ADA	MS, County of A	Adams.	
Please Check One and Fill Out Appropriate Section:			Individual (Complete A & C) Partnership (Complete A & C) Corporation (Complete B & C)		
A. Individual or Partnership: Full Name(s)		Home Address		Mailing Address	
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		– . – . – . – .			. – . –
B. Full Name of	Corporation:				
Address of C	orporation:				
All Officers & Direct					
Title	Full Name		Home Addres	s Mo	ailing Address
President					
Vice President					
Secretary					
Treasurer					
Agent					
C. Trade Name:					
Address of Pi	remises:				
Post Office: _					
Business Tele	ephone:				
(Individual / Partner	/ President of Corp	oration)	(Da	te)	
•	•	,	(,	
Please send applicati); ity of Adoms C	lork's Office		

City of Adams Clerk's Office PO Box 1009 Adams, WI 53910