

# SODA LICENSE APPLICATION

\_\_\_\_\_ Soda License for off Premises Consumption: **\$5.00**

\_\_\_\_\_ Soda License for on Premises Consumption: **\$15.00**

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
 TO THE GOVERNING BODY of the CITY OF ADAMS, County of Adams.

Please Check One and Fill Out Appropriate Section: \_\_\_\_\_ Individual (**Complete A & C**)  
 \_\_\_\_\_ Partnership/LLC (**Complete B, A & C**)  
 \_\_\_\_\_ Corporation (**Complete B & C**)

**Provide a copy of your Driver's License or STATE ID** \_\_\_\_\_

**A. Individual or Partnership:**

<i>Full Name(s)</i>	<i>Home Address</i>	<i>Mailing Address</i>

-----

**B. Full Name of Corporation/Partnership/LLC** \_\_\_\_\_  
 Address of Corporation: \_\_\_\_\_

*All Officers & Directors:*

<i>Title</i>	<i>Full Name</i>	<i>Home Address</i>	<i>Mailing Address</i>
President			
Vice President			
Secretary			
Treasurer			
Agent			

-----

**C. Trade Name:** \_\_\_\_\_  
 Address of Premises: \_\_\_\_\_ Adams, WI 53910  
 Mailing Address (if different than above): \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
**EMAIL ADDRESS (required):** \_\_\_\_\_

\_\_\_\_\_  
 (/Representative/Individual / Partner / President of Corporation) (Date)

Please send application, \$5.00/\$15 fee, and a **COPY OF YOUR DRIVER'S LICENSE OR STATE ID** to:  
**City of Adams Clerk's Office**  
**PO Box 1009**  
**Adams, WI 53910**