

APPLICATION FOR REINSTATEMENT

Instructions:

- This form is used to apply for reinstatement after cancellation.
- You may submit this application in person or by mail. If you apply *in person*, the District Administrator may grant permission for you to immediately begin selling alcoholic beverages. ***If you apply by mail, you cannot sell alcoholic beverages until you receive your license certificate in the mail.***
- The licensee of record must sign this form. One signature will suffice. For a general or limited partnership, one general partner must sign. For a corporation, one officer must sign. For a limited liability company, an authorized manager, member or officer must sign.
- ***Form must be notarized if not witnessed by an ABC employee.***

LICENSE NUMBER	
RECEIPT NUMBER	
FEE PAID	
\$	
PAYMENT TYPE	
<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order

I hereby apply for the reinstatement of my license.

1. LICENSEE NAME		
2. PREMISES ADDRESS (Street number and name, city, zip code)		
3. MAILING ADDRESS (Street number and name, city, state, zip code)		
4. LICENSE TYPE	5. STATUS <input type="checkbox"/> Transfer <input type="checkbox"/> Rule 65 <input type="checkbox"/> Pending	6. TRANSFEREE NAME

I understand that:

- I must pay the renewal fee on my license by _____ of each year.
- Failure to renew my license by the renewal due date in the future will result in penalty fees.
- If I do not pay the renewal fee and 100% penalty fees by _____, my license will be revoked.
- If I do not renew my license on time in the future, I ***will not*** be given immediate privilege to sell alcoholic beverages; I will have to wait until my new license issues before I can begin selling alcoholic beverages.

LICENSEE SIGNATURE <i>(Must be notarized if submitting by mail)</i>		DATE SIGNED
RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Denial	DISTRICT ADMINISTRATOR	DATE SIGNED
IMMEDIATE REINSTATEMENT APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No		

Distribution: Original to Headquarters; Copy to District Office; Copy to Applicant