

# 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 Pending <input type="checkbox"/> Rule 65	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*