

## CLASSIFIED EMPLOYEE/RETAILCLERK/WAITER-WAITRESS LICENSE APPLICATION

## \_\_\_\_ NEW (\$25.00 FEE) \_\_\_\_ RENEWAL (NO FEE)

1. Full Legal Name			2. Residence Address (Street/City/State/Zip)	
3. Race	4. Sex MaleFer	5. Age	6. Date of Birth	7. Place of Birth (City/State)
8. Driver's License	# & State	9. Are you a Citizen o	of the United States?	10. If No to #9, do you have a properly issued         Passport and current VISA?         Yes;       No
11. Daytime Phone ( ) ( )	# & Cell #		12. Have you ever been c	convicted of a felony?
the Walker City Or	dinances (attached)?	-	any other state for any mat	tter set forth in 3-8.C; 3-14.A.1 & 3-14.A.5 of
14. If the response must be attached.	to questions 12 or 13 is "Yes",	state the offense, date,	location, and disposition. A	Also, a copy of the pardon or restoration of rights
15. List the name o	f the business where you will b	e employed serving or	selling alcoholic beverages	S:
Name		Address		Phone Number
REVOCATION he/she made answ of Ordinances, as	ACTION BY THE PROPER beir ver and that said answers in eac	AUTHORITIES. Ig first duly sworn und h instance are true and or sell alcoholic bever	ler oath, deposes and says h l correct and that in accorda rages, that appearer is requi	<b>L BE GROUNDS FOR SUSPENSION OR</b> ne/she has read each of the questions to which unce with Chapter 3 of the City of Walker's Code red to sign this statement acknowledging that beverages to minors.
Signature of App		LL <i>NEW</i> APPLICAN NO FEE FO	NTS MUST PAY \$25.00 F OR RENEWALS NTS NEED BACKGROU	
				FORM ABC-9 Rev. 12/18/19