

Sunday Sales Request

 Applicant/Officer or Agent wishes to apply for Sunday Alcohol Sales f		
(business name), located at		
(business address).		

CPA verification which complies with City Ordinance Chapter 4 Section 14.1 (a).

Before me the undersigned attesting authority in and for said State and County, came the undersigned deponent, who being duly sworn deposes and says on oath that the information within this application and affidavit is true and correct and will comply with all city ordinances and state laws.

Signature	
Printed Name and Title	
E-mail Addr:	
Phone Nbr:	
Date	

Sworn to and subscribed before me This ______day of ______, 20_____

Notary Public