

**CITY OF LONG BEACH, MISSISSIPPI
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 645 KLONDYKE ROAD
 LONG BEACH, MS 39560
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 228-865-0822 FAX
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BEER PERMIT APPLICATION

DATE OF APPLICATION	SOCIAL SECURITY NO
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NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE _____

BUSINESS NAME _____

IS THIS A NEW BUSINESS _____ YES _____ NO

BUSINESS ADDRESS _____

**ADDRESS OF WHERE ALCOHOL WILL BE SOLD

CITY, STATE, ZIP CODE: _____

PHONE: _____

TYPE OF BUSINESS (BE SPECIFIC) _____

DATE OF BIRTH	SEX	WEIGHT	HEIGHT
EYE COLOR	HAIR COLOR	RACE	DL NUMBER

 SIGNATURE OF APPLICANT DATE