



Additional Information

Application for _____

Applicant Information

| | |
|--|--|
| Name | |
| Street Address | |
| City, State ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |
| Previous 2 Addresses prior to present address: (1) | |
| Address: (2) | |

| Applicant Description | |
|-----------------------|-------------|
| Age: | Height: |
| Weight: | Hair Color: |
| Color of Eyes: | Sex: |

| Applicant Check list | Initials |
|---|----------|
| Two Front Face Portraits (2x2 inches in size) | |
| Complete Set of fingerprints | |
| State License | |

Name and Address of three adult residents of Liberty County as Character References

| | |
|----------------|--|
| Name & Address | |
| Name & Address | |
| Name & Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. All licenses/permits may be suspended or revoked for any violations of the terms of the ordinance.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |