

**ALCOHOLIC BEVERAGE CONTROL LICENSE
CLASS-3 RETAIL DEALER'S ON-SALE GENERAL REGISTRATION FORM**

DATE RECEIVED: _____
TIME RECEIVED: _____
RECEIVED BY: _____

The undersigned _____, hereby submits the names of employees of _____
(If Corporation, print full name of corporation) (Doing Business as)

Whose license number is _____, for the purpose of the compliance with Article II, Section 9(e) of the ABC Rules and Regulations.

NAME:

JOB TITLE:

DATE OF BIRTH:

SEX:

RESIDENCE:

S.S. No.:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.