



## Member Application

*\* Indicates a required field*

\* Contact Name \_\_\_\_\_

\* Business Name \_\_\_\_\_

\* Business Address \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* ZIP \_\_\_\_\_

*\* Business Mailing Address if Different* \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* ZIP \_\_\_\_\_

\* Business Phone \_\_\_\_\_

Home \_\_\_\_\_

FAX \_\_\_\_\_

Cell \_\_\_\_\_

\* Email Address \_\_\_\_\_

Website \_\_\_\_\_

Sellers Permit # \_\_\_\_\_

**Business Type** \* (circle all that apply)

Bar/Grill      Bar/Tavern      Bowling Center

Country Club      Dance Hall      Entertainment

Liquor Store      Nightclub      Restaurant

Other \_\_\_\_\_

**License Type** \* (circle one)

Class A                      Class A Liquor and Beer                      Class C Wine

Class B Beer                      Class B Liquor and Beer

Check here to *mail the newsletter* otherwise provide an email address above

Do you offer SafeRide (circle one)      **Yes / No**

Do you have a metal TLW red & white member sign (circle one)      **Yes / No**

*If yes:* 1 sided      or      2 sided

