Ashland General Agency, Inc.
SHORT FORM LIQUOR RENEWAL APPLICATION

Renewal of Policy #:_____

Policy Period: From:_____ To:_____

Named Insured:_____

Dba:_____

Name as it appears on Liquor License:_____

Mailing Address:_____

_____

Physical Address:_____

_____

Limits: _____100/100 _____300/300 _____500/500 _____1M/1M

Hours of Operations: Mon. – Thurs._____ Fri._____ Sat._____ Sun._____

Annual Receipts	Past 12 Months	Estimated Next 12 Months
Alcohol	$_____	$_____
Food	$_____	$_____
Other	$_____	$_____

Are there any changes in the operation regarding hours of operations, forms of entertainment, etc? If so, please describe:_____

_____

_____

_____

_____ _____ _____

Producer's Signature | Producer's Name | Date

_____ _____ _____

Insured's Signature | Title | Date