

**Ashland General Agency, Inc.**  
**SHORT FORM LIQUOR RENEWAL APPLICATION**

Renewal of Policy #: \_\_\_\_\_

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Dbas: \_\_\_\_\_

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