

EMPLOYMENT REGISTRATION FOR MINORS

To be completed in DUPLICATE and submitted to Liquor Board.

NAME: _____ SEX: _____ AGE: _____ BIRTHDATE _____

ADDRESS: _____ SUBMIT PROOF# _____
ZIP CODE (Birth. Cert., Lic., Etc.)

PHONE: _____

EMPLOYED AS: _____

PLACE OF EMPLOYMENT: _____ CLASS OF LICENSE: _____

ADDRESS: _____

REMARKS: _____

DATE: _____ SIGNATURE OF REGISTRANT: _____
LICENSEE/APPROVED MANAGER PARENT OR GUARDIAN
SIGNATURE: _____ SIGNATURE: _____

NOTE: It is the responsibility of the Licensee to assure that all the facts
Contained herein are true.

APPROVED: _____ DISAPPROVED: _____

DATE: _____
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