

Aspen, Colorado
Liquor License Petition

The applicant, _____ dba _____, submit the following petition for approval in connection with its liquor license application:

To the City of Aspen Local License Authority

**We the undersigned, being over the age of twenty-one, hereby support
_____ application for a retail liquor license at
_____, Aspen, Colorado.**

	Signature	Printed Name	Place of Residence (Aspen/Valley/Visitor)	Date of Birth	Date of Signing
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