



VILLAGE OF FRIENDSHIP
P.O. BOX 206
FRIENDSHIP, WI 53934
Phone (608) 339-3243 FAX: (608) 339-4763

Soda \$5.00

SODA LICENSE APPLICATION for the Licensing Period of 7/1/25 through 6/30/26

TO THE GOVERNING BODY of the **VILLAGE OF FRIENDSHIP**, County of **ADAMS**

CHECK ONE: _____ Individual _____ Partnership _____ Corporation

Complete A or B:

A. Individual or Partnership:

Full Name (s)

Name

Street Address

Mailing Address

B. Full Name of Corporation: _____

(if different from licensed premises)

All Officers & Directors:

Title

Name

Home Address

Post Office

President _____

Vice President _____

Secretary _____

Treasurer _____

Agent _____

Complete C:

C. Trade Name _____ Business Phone () _____

Address of Premises _____

DATE: _____

Individual / Partner / President of Corporation