

REFUND APPLICATION

License Number: _____ Last Day of Business: _____

This request is for: Total License Refund Sunday Sales Refund Only

(Refunds are made for full unused quarters only)

APPLICANT INFORMATION

Name of Applicant: _____

Indicate how the business was operated:

Sole Proprietorship Partnership Corporation

Name of Business (D/B/A): _____

Address of Premise: _____

City: _____

Zip: _____

Withholding/Federal ID #: _____

Social Security #: _____ - _____ - _____

- ❖ Corporations shall list their Federal Withholding Number
- ❖ Partnerships shall list the ID number on their Federal Tax Return
- ❖ Individuals shall list their Social Security Number

MAILING ADDRESS

SEND REFUND CHECK TO:

Name: _____

Address: _____

City, State, Zip: _____

SIGNATURES

Signature of Licensee: _____

Signature of City Clerk/County Auditor: _____

www.IowaABD.com

Iowa Alcoholic Beverages Division, 1918 SE Hulsizer Road, Ankeny, Iowa 50021 515.281.7430 866.IowaABD (866.469.2223)