

Application for Salesperson Permit To solicit orders for alcoholic liquors or transport samples in the State of Delaware

Licensed Wholesaler or Manuf	facturer name:	
Licensed Wholesaler or Manuf	facturer trade name:	
Salesperson name (print):		
Home address:		
Driver's license state	and number:	
Date of Birth:	Last 4 digits of SSN:	

I, the undersigned, having been first duly sworn according to law, depose and say as follows:

(1) I desire to secure a license from the Delaware Alcoholic Beverage Control Commissioner under the provisions of Rule 1403, and I make this affidavit for that purpose.

(2) I am employed or sponsored by the licensee listed above.

(3) I am familiar with the laws and Commissioner rules governing the sale and distribution of alcoholic liquors in the State of Delaware, particularly those pertaining to the method of handling samples, prohibiting the offering of inducements in any form, prohibiting tie-in sales, and those concerning credit regulations.

(4) I will not in any way violate such laws or rules.

(5) I have \Box or have not \Box (check one) been convicted of a felony a sex offense, a gambling offense, or a law concerning alcoholic beverages. (If answer is in affirmative, attach arrest record.)

Signature of Salesperson: _____

STATE OF		
COUNTY OF		
Personally appeared before me,		, a Notary Public,
	, to me l	known to be the individual making this
statement, who being duly sworn, did depose and sa	ay that the facts stated	in the foregoing statement are true and
correct.		
SWORN to and subscribed before me this	day of	, 20

(NOTARY SEAL)

Notary Public