

- ☐ NEW
☐ RENEWAL

THIS FORM MUST BE COMPLETED BEFORE
APPLICATION WILL BE SUBMITTED TO THE
BLACK HAWK COUNTY BOARD OF SUPERVISORS

CLASS _____

**INSPECTION REPORT / BLACK HAWK COUNTY
APPLICATION FOR BEER and/or LIQUOR PERMIT**

Business Name _____

Business Address _____

We, the undersigned have inspected the above mentioned premise(s) and found that this establishment meets the minimum standards as set forth by all applicable laws and ordinances.

BLACK HAWK COUNTY HEALTH DEPARTMENT

Comments: _____

Approved by _____ Date _____

FIRE INSPECTION

Comments: _____

☐ Applicant is in compliance ☐ Applicant is NOT in compliance.

Approved by _____ Date _____

SHERIFF

We have researched the applicable record of the above mentioned establishment and find no felony convictions.

Approved by _____ Date _____

STATUS: Board Action _____ Date _____