

License

File No. _____

**STATE PROPERTIES COMMITTEE
ACTION REQUEST FORM**

Date: _____ Department Director: _____

(Authorized Signature)

Department: _____ Individual Completing Form: _____

Action Requested: Approval of License Conceptual Final

**(For Conceptual Approval fill out shaded areas,
for Final Approval complete entire form)**

Reason _____

License of State Property:

Applicant(s): _____

If Corporation list Principals _____

Property Address: _____

Sq. Feet _____

City/State: _____

Temporary 1-2 Years > 2 Years

Appraised Value _____ Internal or External
(circle one)

Date of Appraisal _____

License Payment

	Yr. 1 _____	Yr. 1 _____
P/Sq. Ft.	Yr. 2 _____	Yr. 2 _____
	Yr. 3 _____	Yr. 3 _____

Other Payments _____

Check All That Apply

- Liquor License Liability Insurance
- _____ License
- Liability Insurance
- Fire Marshall Review
- Attorney General Review
- Cancellation Clause
- Indemnification Clause