CLASS C <u>C E R T I F I C A T E</u>

NAME OF CLUB

LOCATION

The following named individuals are duly elected Officers of this organization and their term of office is _______.

NAME(Print or Type)	DOB	PHONE NO.	RESIDENCE
NAME(Print or Type)	DOB	PHONE NO.	RESIDENCE
NAME(Print or Type)	DOB	PHONE NO.	RESIDENCE

This certifies that the above-named Officers appeared before me and attest that they have never been convicted of a felony crime and the information contained above is true and correct.

DATE

PRESIDENT OR SECRETARY

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