



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0646

*** RE:**

Submitting report related to: REQUEST FOR REPORT CONCERNING PROCESS FOR REVOCATION OF LIQUOR LICENSES

*** SUMMARY:**

REQUEST FOR REPORT CONCERNING PROCESS FOR REVOCATION OF LIQUOR LICENSES

*** RECOMMENDATION:**

For Review

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**