

<u>POSITION</u>	<u>LENGTH OF FIELDS</u>
1-9 LICENSE #	09
10-11 COUNTY NUMBER	02
12-31 COUNTY NAME	20
32-91 APPLICANT NAME	60
92-121 ADDRESS #1	30
122-151 ADDRESS#2	30
152-171 CITY	20
172-173 STATE	02
174-178 ZIP	05
179-198 FILLER	09
199-208 STATUS DESCRIPTION OF LICENSE	10
209-216 DATE OF EXPIRATION	08
217-226 PHONE NUMBER	10
227-307 EMAIL ADDRESS	80