LICENSE APPLICATION
New Hampshire State Liquor Commission
P.O. Box 1795
Concord, New Hampshire 03302-1795
Phone (603) 271-3521

License# S.P.I. License Type: Choose a Type
Date From: Date To:

Licensing Fees: ***($100.00 per day - Plus $25.00 Processing Fee)*** Total Fees:

Mailing Address - Name: Phone:
Address:
City: St. Zip:

Non Profit - Name:
Location of Event Address:
City: St. Zip:

LIC SPEC: TERR:
TYPE OF BUSINESS: Corporation(Non-Profit if ONE DAY) LLP(Non-Profit if ONE DAY)
LLC(Non-Profit if ONE DAY)

Business Phone: Charter State:

OWNERSHIP DATA: Verify names, addresses, dates of birth, and titles of all partners, corporate officers, or managers of a Limited Liability Company. Any changes to Corporate officers listed; list on back and record new information. Include the minutes of Corporate Meeting at which changes were made and attach affidavits for any new officers. And further, that all individuals, partners, corporate officers, or members managers if a Limitied Liability Company are at least 21 years old,citizens of the United States or meet the requirement ***RSA 178:3 II*** and are free of felony convictions.

By signing this application, I acknowledge for

License# Date: all information to be true and correct.

Answer all questions below and make any changes where applicable:

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ONE DAY LICENSE:

1. No person shall be paid on the basis of alcoholic sold.
2. All beverages shall be purchased from NH licensed wholesale distributors, and all liquor from the Commission.
3. The Commission or its investigators may enter the premises when beverage and/or liquor is being served or consumed.
4. The premise to be licensed is ○ Owned ○ Rented by the applicant.

Give a brief description of the premise to be licensed, including the address and the owner of the premise.

Describe the organization being licensed its functions:

How long has it been in existence: _____ Current number of members: _____

Date(s) for the function:

Day of Week: _____ Month: _____ Day: _____ Year: _____

Name of the person in charge: _____

How many people will attend: _____ What will it cost to attend: _____

Attach a list of all persons that will be serving alcoholic beverages, with their addresses and dates of birth. Attach the signed approvals of the chiefs of police, the fire department, and the local health official of the town where the event will be held.

[Initial License Applicants only]

****PROCESSING FEE: $25.00**

****LICENSE FEE: $100.00 PER DAY**

If corporation, LLC or Partnership, what state chartered in _____

FOR ALL LICENSES: Attach a list of all persons who have any interest or control in the licensed business or the licensed premises. Detail for each person the interest or control. If the applicant has previously held a NH liquor license(s) list each license held. List any business interests if the applicant has in any other business involving alcohol.

ANSWER ALL QUESTIONS BELOW, WHERE APPLICABLE:

If the LLC, Partnership, or Corporation is charted outside NH, is it registered with the **NH Secretary of State?** _____

If the individual, or all partners, all officers and directors of the corporation, or members of the LLC are **not** over twenty-one years of age, citizens of the U.S., and free of felony convictions, explain:

APPLICANT: ◯ Owns ◯ Leases ◯ Rents the premises?

If owner, is property subject to mortgage? _____

If yes, with who? _____ How much? _____

If applicant leases or rents, give name and address of owner of premises

_____

Has the person/corporate officer/manager, member of LLC/ or partners listed on this application, ever held a liquor license issued by the Liquor Commission, in the following capacity: person/corporate officer/manager, member of LLC/ or partners? _____ If yes, when? _____

Has applicant ever been denied a license? _____ If yes, when? _____

INCOMPLETE APPLICATIONS WILL BE RETURNED UN-PROCESSED

APPLICANT'S CERTIFICATION:

By signing whis application i agree to abide by the applicable provisions of ***Title XIII*** and Administrative Rules of the commission. I certify further that I am in compliance with all other agencies by having all current permits and certificates applicable to my license. I certify and affirm that this application is made with the knowledge that it is subject ot the penalties of unsworn falsification described in Chapter ***RSA 641:3*** I hereby declare that all answers herein above contained are true and correct, and I shall notify the Commission of any change of status which would necessitate a change or modification of any of the answers to any questions or supporting documentation within 30 days of such change.

[Fee must be included with original application and returned to the office at least 15 days prior to event, must be scheduled for an agenda meeting.]

In addition, I understand that should an investigation disclose any misrepresentations or falsifications, my application will be rejected and any license issued to me by the State of New Hampshire Liquor Commission will be revoked.

If sole proprietor, applicant must sign. **Signed:**_____

If partnership, all partners must sign. **Signed:**_____

If LLC, all members or the LLC Manager must sign. **Signed:**_____

If corporation, corporate officer must sign. **Signed:**_____

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