

STATE LIQUOR COMMISSION
STATE OF NEW HAMPSHIRE
PO BOX 1795
CONCORD, NH 03302-1795
271-3521
REQUEST FOR APPLICATION FOR LICENSE

CONTROL NO. _____

DISTRICT (LIC SPEC) _____

TERRITORY # _____

LICENSE TYPE (beer, wine, liq, lounge) _____

SPI DATE _____

TYPE OF APPLICATION Carrier - beer, wine, liquor

NON REFUNDABLE \$100.00 PROCESSING FEE TO BE MAILED WITH THIS REQUEST:

CORP/LLC NAME _____ DATE OF INCORP/LLC. M/D/Y

APPLICANT NAME _____ DATE OF BIRTH

LAST FIRST

HOME ADDRESS _____
NO. STREET

_____ CITY STATE & ZIP

TRADE NAME _____

LOCATION FOR LICENSE _____
NO. STREET

CITY COUNTY STATE & ZIP

MAILING ADDRESS _____
NO. & STREET

_____ CITY STATE & ZIP

IS THIS A SINGLE PROP? _____ PARTNERSHIP? _____ CORPORATION? _____ LLC? _____

IF CORP., WHAT STATE CHARTERED IN? _____

APPLICANT: 1. OWNS _____ 2. LEASES _____ 3. RENTS _____ PREMISES.

HAS APPLICANT PREVIOUSLY OWNED/HAD INTEREST IN ANY LIQUOR LICENSE _____ WHEN _____

IF YES :GIVE LICENSE NO. _____ AND NAME _____

PHONE NUMBER YOU MAY BE REACHED AT _____

E-MAIL ADDRESS _____

PLEASE FILL OUT SECOND PAGE IN FULL

Name: Mr./Mrs. _____ Title(Pres,Mbr etc..) _____

Address: _____ State _____ Zip _____

Home Phone _____ Social Security #/Alien Reg. # _____ M F
Sex Race DOB POB

Drivers Lic # _____ Hgt. _____ Wght. _____ Eye _____ Hair _____

Mothers Name _____ Maiden name: _____

Fathers Name _____

Name: Mr./Mrs. _____ Title(Pres,Mbr etc..) _____

Address: _____ State _____ Zip _____

Home Phone _____ Social Security #/Alien Reg. # _____ M F
Sex Race DOB POB

Drivers Lic # _____ Hgt. _____ Wght. _____ Eye _____ Hair _____

Mothers Name _____ Maiden name: _____

Fathers Name _____

Name: Mr./Mrs. _____ Title(Pres,Mbr etc..) _____

Address: _____ State _____ Zip _____

Home Phone _____ Social Security #/Alien Reg. # _____ M F
Sex Race DOB POB

Drivers Lic # _____ Hgt. _____ Wght. _____ Eye _____ Hair _____

Mothers Name _____ Maiden name: _____

Fathers Name _____
