



Liquor Commission
Division of Enforcement & Licensing
P.O. Box 1795, 57 Regional Drive
Concord, NH 03302-1795
Phone: (603) 271-3521



REQUEST FOR APPLICATION

TYPE OF APPLICATION _____

NON REFUNDABLE PROCESSING FEE TO BE MAILED WITH THIS REQUEST:
\$100 APPLICATION FEE
\$25 FOR LW REP ONLY
NO APPLICATION FEE FOR RETAIL TOBACCO ONLY

EIN# _____

| Liquor Commission Use Only | |
|-----------------------------------|----------------------|
| Control No. | _____ |
| District (Lic Spec) | _____ |
| Territory # | _____ |
| Date Reviewed | _____ Initials _____ |
| SPI Date | _____ |

CORP/LLC/LLP NAME _____ **DATE FORMED MM/DD/YY** _____

APPLICANT NAME _____ **LAST** _____ **FIRST** _____ **DATE OF BIRTH** _____

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** _____

BUSINESS PHONE _____ **HOME PHONE** _____

E-MAIL ADDRESS _____

IS THIS A SINGLE PROP PARTNERSHIP/LLP CORPORATION LLC

IF NON-NH, WHAT STATE CHARTERED IN: _____

APPLICANT OWNS LEASES RENTS PREMISES

HAS APPLICANT PREVIOUSLY OWNED/HAD INTEREST IN ANY LIQUOR LICENSE YES NO

IF YES, WHEN _____ **GIVE LICENSE NO.** _____ **AND NAME** _____

I UNDERSTAND THE EQUIREMENT OF TRAINING WITHIN 45 DAYS OF LICENSING. INCOMPLETE APPLICATIONS MAY DELAY LICENSING. AN ACCURATE MAILING ADDRESS WILL ENSURE YOU RECEIVE CRITICAL CORRESPONDENCE AND RENEWAL APPLICATIONS IN A TIMELY MANNER. I FURTHER UNDERSTAND THAT IF I FAIL TO COMPLY WITH THE TRAINING REQUIREMENT, MY LIQUOR LI CENSE WILL BE SUSPENDED 45 DAYS AFTER ITS ISSUANCE AND REMAIN SUSPENDED UNTIL SUCH TIME AS I MEET THE TRAINING REQUIREMENTS. PLEASE CALL (603)271-8531 FOR FURTHER DETAILS OR VISIT US ON THE WEB @ www.nh.gov/liquor

Signature _____ **Date** _____

Date of Request: _____ **Lic Specialist Signature** _____

| | | | | |
|---------------------------|--|------------------|--------------------------------------|--|
| Last Name | First Name | Mr. / Ms. | Maiden Name | Title (Pres., Mbr., etc.) |
| Address | | | State | Zip |
| Home Phone | Social Security # /Alien Reg. # | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Race | D.O.B. | P.O.B. | | |
| Drivers License # | Height | Weight | Eye | Hair |
| Mother's Last Name | Mother's First Name | | Maiden Name | |
| Father's Last Name | Father's First Name | | | |

| | | | | |
|---------------------------|--|------------------|--------------------------------------|--|
| Last Name | First Name | Mr. / Ms. | Maiden Name | Title (Pres., Mbr., etc.) |
| Address | | | State | Zip |
| Home Phone | Social Security # /Alien Reg. # | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Race | D.O.B. | P.O.B. | | |
| Drivers License # | Height | Weight | Eye | Hair |
| Mother's Last Name | Mother's First Name | | Maiden Name | |
| Father's Last Name | Father's First Name | | | |

| | | | | |
|---------------------------|--|------------------|--------------------------------------|--|
| Last Name | First Name | Mr. / Ms. | Maiden Name | Title (Pres., Mbr., etc.) |
| Address | | | State | Zip |
| Home Phone | Social Security # /Alien Reg. # | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Race | D.O.B. | P.O.B. | | |
| Drivers License # | Height | Weight | Eye | Hair |
| Mother's Last Name | Mother's First Name | | Maiden Name | |
| Father's Last Name | Father's First Name | | | |
