State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing

REQUEST FOR TRANSFER OF CLUB LICENSE

The following club, holding a license, respectfully requests the permission of the NH Liquor Commission to utilize the provisions of RSA 178:24 pursuant to Liq 501:15 as to transfer the license to a location listed below. We understand that commission approval is condition upon receiving written approval from the authorities listed herein on this form.

PLEASE TYPE OR PRINT

CLUB INFORMATION

1. Name of Club: _____ Phone Number: ( ) - _____
2. Address: _____ _____ _____ _____
   Street City State Zip
3. Permit/License Number: _____ 4. Club President: _____

TRANSFER LOCATION INFORMATION

1. Name of Transfer Location: _____
2. Address of Location: _____ _____ _____ _____
   Street City State Zip
3. Date(s) for Transfer: _____ 4. Times: _____ am/pm to _____ am/pm
5. Property is : ☐ Owned ☐ Leased ☐ Rented **Must provide documentation if leasing or renting.**
6. Owner of Property: _____
   Name Address State Zip

OUTSIDE AREAS REQUIRE A DIAGRAM OF DESIGNATED AREA FOR SERVICE

STIPULATIONS

1. It is understood that the Club **may not** operate under its license at the regular premise during the time transferred.
2. It is understood that the Club shall not allow, operate or have gambling, or games of chance at transfer location.
3. Signature of Club President/Commander: _____

SIGNATURES OF COMMUNITY OFFICIALS

I have read the above information on this form and I am aware of the intent to transfer the license of the named Club which holds a license pursuant to RSA 178:223, V(g) or (h) and Liq 501.14 to the location indicated.

Chief of Police

I approve of the use of the above named premise by the applicant. The premises are safely accessible to all forms of traffic, and I believe that this transfer will not jeopardize public safety.

Signature: _____ Date: _____

Fire Chief

I approve of the use of the above named premise by the applicant. The premises are in compliance with Fire Code and I believe that this transfer will not jeopardize public safety.

Signature: _____ Date: _____

Occupancy Limit: _____ Outside Area Limit _____

If extending to outside area: Permit of assembly with capacity for the DESIGNATED AREA of service MUST be included.

Selectman/Health Officer

I approve of the use of the above named premise by the applicant. The premises are safely accessible to all forms of traffic, and I believe that this transfer will not jeopardize public safety.

Signature: _____ Date: _____