



State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



REQUEST TO RE-INSTATE DIRECT SHIPPER PERMIT

NH Direct Shipper Permit #: _____

Company Name: _____

Trade Name: _____

Physical Address: _____

NO. _____ STREET _____

CITY _____ STATE _____ ZIP _____

Mailing Address: _____

COMPANY NAME _____

NO. _____ STREET _____

CITY _____ STATE _____ ZIP _____

Business Telephone: () - _____

All administrative fines relative to the above-referenced permit have been paid in full and any outstanding reports and/or other information have been filed with the Division of Enforcement & Licensing. I agree to comply with New Hampshire laws and rules that govern direct shipper permits and understand that failure to do so may result in revocation of my permit. I am aware that the NH State Liquor Commission may review my license and violation history that is on file with the Division of Enforcement & Licensing when considering this request for re-instatement.

_____ Date _____ Signature _____

_____ Printed Name _____

_____ Title _____

Return completed form to:
NH Liquor Commission: Attention Direct Shipping
50 Storrs St
Concord, NH 03301

Liquor Commission Use Only:

☐ Recommend Reinstatement ☐ Do Not Recommend Reinstatement ☐ Reports Submitted ☐ Fine Paid

Permit Expiration Date: _____

Comments: _____

Signature _____ Date _____ Signature _____ Date _____