



**State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing**



AFFIDAVIT

This affidavit is filed with the Liquor Commission's Division of Enforcement & Licensing in support of *my ownership, management control, employment by a business licensed, or applying for a license to sell alcoholic beverages and tobacco under Chapter 178 of the Revised Statutes Annotated.*

I, _____ being duly sworn do depose and say:
(Print Name)

1. **Business Trade Name:** _____ **Liquor Lic#** _____

Address _____
(No. - Street) (City / Town) (State) (Zip)

Mailing Address _____
(No. - Street) (City / Town) (State) (Zip)

2. I live at: _____
(No. - Street) (City / Town) (State) (Zip)

3. I was born in _____ on _____
(POB: i.e. State, or Province if Canada, Country if foreign) (Date of Birth) (Age)

Home phone _____ Male Female Race _____

4. I am I am not a citizen of the United States
If not a citizen, R.A. Document # or other Identification submitted _____

5. **I understand RSA 178:4 & RSA 179:23, IV, prohibit convicted felons from holding a license to sell alcohol or assuming control of licensed premise. By signing this affidavit I swear this information is true and accurate and that this document is signed under the penalty if false swearing (RSA 641:2)**

6. Have you ever been charged with a crime? Yes No If yes, were you convicted of a felony? Yes No

7. I am filing this document in support of my employment as a
 Corporate Officer POA Person in Charge
 Partner LLC Member Proprietor
 LLC Manager Manager Title/Position _____

RSA 179:23, IV requires the licensee to designate one or more people to be in charge of the premise in the Licensee's absence.

8. I swear before the **Justice of Peace or Notary Public** that this information is **true** and **accurate**, and that this document is signed under the penalty if false swearing (RSA 641:2)

Signature _____ Date _____

County _____ SS. Date _____

Personally appeared before me _____ known to be the person who executed
and made oath that the same is true. (Affiant Name)

SEAL _____
Justice of Peace / Notary Public

**MAIL ORIGINAL TO: NHLC-Division of Enforcement & Licensing
PO BOX 1795, Concord NH 03302**