

# 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 Liquor & Table Wine Vendor

NON REFUNDABLE PROCESSING FEE TO BE MAILED WITH THIS REQUEST:  
\$100 FOR REQUEST FOR APPLICATION

CORP/LLC NAME \_\_\_\_\_ DATE OF INCORP/LLC. M/D/Y \_\_\_\_\_

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

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: \_\_\_\_\_

**MUST BE COMPLETED IN FULL AND RETURNED WITH REQUEST FOR APPLICATION**

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

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Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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Drivers Lic # \_\_\_\_\_ Hgt. \_\_\_\_\_ Wght. \_\_\_\_\_ Eye \_\_\_\_\_ Hair \_\_\_\_\_

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Mothers Name \_\_\_\_\_ Maiden name: \_\_\_\_\_

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Fathers Name \_\_\_\_\_

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

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Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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Mothers Name \_\_\_\_\_ Maiden name: \_\_\_\_\_

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Fathers Name \_\_\_\_\_

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

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Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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Mothers Name \_\_\_\_\_ Maiden name: \_\_\_\_\_

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Fathers Name \_\_\_\_\_

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