## NEW HAMPSHIRE LIQUOR COMMISSION

Please submit form to:
NHLC, 50 Storrs Street, Concord, NH 03301
603-271-3523
\$100 Non-Refundable Processing Fee
\$25.00 Non-Refundable Processing Fee for a One day, Beer Festival, Liquor \& Wine Festival, Liquor \& Wine Representatives and Alcohol Consultants APPLICATION
License Type Applying: $\qquad$ (CREATE A DROP DOWN BOX TO CHOOSE LICENSE TYPE)
TYPE OR PRINT CLEARLY

| 1.(a) Business Name | 1.(b) Trade Name |  |  |
| :--- | :--- | :--- | :--- |
| 2. Name of Owner/Applicant | City/Town |  |  |
| 3. Business Address | City/Town | State | Zip |
| 4. License Location Address | City/Town | State | Zip |
| 5. Mailing Address | 6.(b) Email Address | 6.(c) Website | State |
| 6.(a)Business Phone | Zip |  |  |

7.(a) Type of Entity: $\square$ Sole Proprietorship $\square$ Corporation $\square$ Partnership/LLP $\square$ LLC
7.(b) Date business entity was formed: $\qquad$ State chartered in: $\qquad$ EIN \#: $\qquad$
8.(a) Complete for Sole Proprietor. For Corporations, partnerships, LLC/LLP, see page 2

| Name: First, MI, Last | Date of Birth | Residence Address (No PO Boxes) |
| :--- | :--- | :--- |
| Title | Telephone Number | City/Town, State, Zip Code |

8.(b) Who is the primary contact for all matters related to this license? Name: $\qquad$ Phone \#: $\qquad$
9. Was there was a previous liquor license at this location?YesNo If yes, list license \# $\qquad$ and/or Trade Name: $\qquad$
10.(a) Are there any persons who own, have a right to control or have any interest in the proposed business other than those listed on page 2 of this application?
$\square$ Yes $\square$ No If yes, please explain: $\qquad$
(b) Does the applicant have any financial or other interest directly or indirectly with a manufacturer, vendor or wholesaler?YesNo If yes, please explain: $\qquad$
(c) Has the business entity or its partners, members, or officers, previously owned or had any interest in any liquor license within the last 5 years?YesNo If yes, when? $\qquad$ License Name: $\qquad$ License \# $\qquad$
11. Explanation of Business Plan:
12. I declare under RSA 641:3, that I am authorized to sign on behalf of the business entity applying for a license, that I have examined all of the information provided on or with this application, and that the information is true, correct, and complete to the best of my knowledge and belief.

X
Signature Date Print Name Title

NEW HAMPSHIRE LIQUOR COMMISSION
Partners, Officers, Managers \& Members
Please submit form to
NHLC, 50 Storrs Street, Concord, NH 03301
603-271-3523
List all partners, officers, members and managers.

| Name: First, MI, Last | Date of Birth | Residence Address (No PO Boxes) |
| :--- | :--- | :--- |
| Title | Telephone Number | City/Town, State, Zip Code |


| Name: First, MI, Last | Date of Birth | Residence Address (No PO Boxes) |
| :--- | :--- | :--- |
| Title | Telephone Number | City/Town, State, Zip Code |


| Name: First, MI, Last | Date of Birth | Residence Address (No PO Boxes) |
| :--- | :--- | :--- |
| Title | Telephone Number | City/Town, State, Zip Code |


| Name: First, MI, Last | Date of Birth | Residence Address (No PO Boxes) |
| :--- | :--- | :--- |
| Title | Telephone Number | City/Town, State, Zip Code |


| Name: First, MI, Last | Date of Birth | Residence Address (No PO Boxes) |
| :--- | :--- | :--- |
| Title | Telephone Number | City/Town, State, Zip Code |


| Name: First, MI, Last | Date of Birth | Residence Address (No PO Boxes) |
| :--- | :--- | :--- |
| Title | Telephone Number | City/Town, State, Zip Code |

(CREATE A DROP DOWN BOX TO CLICK THE "SUBMIT" BUTTON HERE)
(CREATE A DROP DOWN BOX TO CLICK THE "PAY" BUTTON HERE)

## NEW HAMPSHIRE LIQUOR COMMISSION

LIQ-A1 General Instructions
Please submit form to NHLC, 50 Storrs Street, Concord, NH 03301
603-271-3523

## WHO MUST FILE

Individuals, partnerships, limited liability companies and partnerships, or corporations but not to unincorporated associations, to apply for the manufacture, warehousing, sale, offer for sale, or solicitation of orders for sale of liquor or beverages and for retail sales of tobacco products within the state, subject to the limitations and restrictions imposed by RSA 178:2.

## WHEN TO FILE

Before operating

## WHERE TO FILE

- NHLC, 50 Storrs Street. Concord NH 03301
- Email Licensing@liquor.nh.gov


## NEED HELP

- If you have any questions please contact

Enforcement Licenses Help Desk@liquor.nh.gov (or)
Call (603) 271-3523 between 8:00am - 4:30pm, Monday thru Friday.

## WHAT IS THE FEE

The annual license fee is determined per RSA 178:29 based on the license type you are applying for.

- Application fee is $\$ 100$ (Non-Refundable).
- Exceptions: No application fee for Direct Shippers. \$25 application fee for Liquor Wine Representative/Alcohol Consultant.
- License fee will be determined after completion of worksheet requirements and final issuance of license.
- You will be advised of license fee at final appointment.

Incomplete applications may be returned to the applicant and may result in a delay in issuance of a license. Some examples of common omissions or errors are of the following:

- The application is not signed
- The application is incomplete or illegible
- The application fee is missing
- Check missing or not signed
- Worksheet requirements incomplete


## LINE 1(a) \& (b)

Type or print business name and trade name. Trade name must be registered with the NH Secretary of State's office.

## LINE 2

Type or print full legal name of owner or person making application.

## LINE 3

Type or print business address. This is the actual physical location of the business.

## LINE 4

Type or print address of the physical location of the business, if different from the business address.

## LINE 5

Type or print mailing address, if different.
LINE 6
Type or print Business phone, email address \& website.

## LINE 7(a) \& (b)

Select the business entity type. Type or print date entity was formed \& where.
LINE 8(a) \& (b)
Type or print name, title, DOB and address and phone number for Sole Proprietor. List all partners, officers, members \& managers, if corporation, partnership or LLC/LLP on page 2. Name the primary contact person and phone number for all matters related to the license.

## LINE 9

Please list any previous licenses held at this location and the name of the business.

## LINE 10(a)

NH law mandates that any and all individuals who have or may have control or interest in the proposed business be fully disclosed. RSA 178:3,V
LINE 10(b)
NH Law mandates that all applicants disclose any substantial business interests involving the manufacture, sale, or distribution of liquor or beverages. RSA 178:3,V,e.

## LINE 10(c)

Applicant must disclose any and all other license applications or licenses held during the previous 5 years. RSA 178:3, V,f.

## LINE 11

Briefly explain what type of business you are hoping to achieve.
Line 12
SIGNATURE Original manual signature or mark, date, print name \& title.

