



State of New Hampshire
Liquor Commission
Division of Enforcement and Licensing
50 Storrs Street, Concord NH 03301
Phone: (603) 271-3523



INTERNAL USE ONLY
NHLC - AUDITORS
Request #:
Approved By:

PRODUCT APPROVAL - BEVERAGE VENDOR

BUSINESS INFORMATION

Registered Business Name	Registered Trade Name	Registered License Number	
Business Street Address	City	State	Zip Code
Business Phone Number	Business Email	Submission Date (mm/dd/yyyy)	

PRODUCT INFORMATION

Disclaimer: It is the responsibility of the industry member to ensure that they have appropriate approval to use any trade name or trademark image on their labels.

Registration Type Choose Registration Type...	Product Type Choose Product Type...	ABV% (at 60°F by Volume)
Brand Name	Fanciful/Sell Name	

SPECIALTY BEVERAGE ONLY

Is the product currently listed with the Liquor Commission?	Choose...	Do you plan on listing this product with the Liquor Commission?	Choose...
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PACKAGING

Kegs (US Gallons)			Containers (US Ounces)									
Kegs (US Gallons)				#1	#2	#3	#4	#5	#6	#7	#8	#9
<input type="checkbox"/> 5	<input type="checkbox"/> 5.4	<input type="checkbox"/> 10.8	Ounces									
<input type="checkbox"/> 5.17	<input type="checkbox"/> 7.75	<input type="checkbox"/> 13.2	Count									
<input type="checkbox"/> 5.28	<input type="checkbox"/> 7.92	<input type="checkbox"/> 15.5	Type	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...

DOCUMENTATION

Attachments		Wholesale Agreement(s)	
TTB Cola(s) (if applicable)	Choose...	Wholesale Agreement(s)	Agreement Status (New/Revised/On File)
		Choose...	Choose...
Label(s) (ALL)	Choose...	Choose...	Choose...
		Choose...	Choose...

Requestor Comments

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ACKNOWLEDGEMENT AND SUBMISSION

I declare, under the provisions of Title XIII and punishable under RSA 641:3 (Unsworn Falsification), that I am authorized to sign on behalf of the business entity providing this report; that I have examined all of the information provided on or with this report; that any information I give may be investigated as allowed by law; that the information is true, correct, and complete to the best of my knowledge and belief and made in good faith.

Name of Authorized Agent Agent Name	Title of Authorized Agent Agent Title
Date Signed 1/1/2022	Signature of Authorized Agent Agent Signature

Auditor Comments

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