



**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
57 Regional Drive
P.O. Box 1795
Concord, NH 03302-1795

Liquor Commission Use Only:

Recommend Reinstatement Do Not Recommend Reinstatement Reports Submitted Fine Paid

Permit Expiration Date: _____ _____

Comments: _____

Signature _____ Date _____ Signature _____ Date _____