

**LIQUOR COMMISSION**  
Division of Enforcement & Licensing  
PO BOX 1795 CONCORD, NH 03302-1795 603-271-3523

**REQUEST FOR APPLICATION**

LICENSE NO. \_\_\_\_\_ DISTRICT(LS) \_\_\_\_\_ TERRITORY # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

NON REFUNDABLE PROCESSING FEE TO BE MAILED WITH THIS REQUEST:

No Application Fee For Retail Tobacco Only, \$25 For Liquor Wine Representative/Alcohol Consultant & \$100 FOR ALL OTHER TYPES

IS THIS A SINGLE PROP?  
CORPORATION?  
LLC?  
PARTNERSHIP/LLP?

DATE ENTITY FORMED \_\_\_\_\_ WHAT STATE CHARTERED IN? \_\_\_\_\_

NAME OF ENTITY \_\_\_\_\_

**BUSINESS ADDRESS**

NO. \_\_\_\_\_ STREET \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DBA/TRADE NAME \_\_\_\_\_

**HOME ADDRESS**

NO. \_\_\_\_\_ STREET \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AN ACCURATE MAILING ADDRESS ENSURES YOU RECEIVING CRITICAL CORRESPONDENCE IN A TIMELY MANNER

**MAILING ADDRESS**

NO. \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE: ( ) - \_\_\_\_\_ HOME PHONE: ( ) - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ APPLICANT: OWNS LEASES THE PREMISE

HAS APPLICANT PREVIOUSLY OWNED/HAD INTEREST IN ANY LIQUOR LICENSE? YES NO

IF YES WHEN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ & NAME \_\_\_\_\_

**I UNDERSTAND THE REQUIREMENT OF TRAINING WITHIN 45 DAYS OF LICENSING**

FURTHER I UNDERSTAND THAT IF I FAIL TO COMPLY WITH THE TRAINING REQUIREMENT, MY LIQUOR LICENSE WILL BE SUSPENDED 45 DAYS AFTER ITS ISSUANCE & REMAIN SUSPENDED UNTIL SUCH TIME AS I MEET THE TRAINING REQUIREMENTS.

To sign up for training call 603.271.8531 or <http://www.nh.gov/liquor/enforcement/education/mts>

**DID YOU REMEMBER TO CHOOSE YOUR LICENSE TYPE?** IF NOT RETURN TO THE TOP OF THIS APPLICATION AND BE SURE TO SELECT FROM THE DROP DOWN BOX IN YELLOW

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1/08/16D

PAGE 2 **MUST BE COMPLETED** FOR ALL OWNERS, PARTNERS, MEMBERS AND OFFICERS

