



State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



ON-SITE CATERER SUPPLEMENTAL LICENSE FORM

Supplemental for selling alcohol for your **OWN** function, I.E. open to public **NOT** private catering function.

Name: _____ License #: _____ Phone #: ()-_____
Physical Address: _____ Mailing Address: _____

(City) (State) (Zip) (City) (State) (Zip)

*All Requests **MUST BE** received 5 Days prior to earliest event date requested.*

Check and complete information as applicable for **EACH** event a supplemental license is requested:

Date: _____ Start Time: _____ End Time: _____
Event: _____
☐ Supplemental Caterer _____

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Event: _____
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MAIL REQUEST TO: NHSLC, 50 Storrs Street CONCORD NH 03301-1795