



**State of New Hampshire**  
 Liquor Commission  
 Division of Enforcement and Licensing  
 50 Storrs Street, Concord, NH 03301  
 Phone: (603) 271-3523 | Fax:(603) 271-8424



**OFF SITE CATERER – SITE APPROVAL**

***This application must be submitted at least TEN (10) days prior to the scheduled event.***

**OFF SITE CATERER/BUSINESS INFORMATION**

Off Site Caterer Business Name		Off-Site Caterer Trade Name		Registered Liquor License Number	
Off Site Caterer Business Street Address		City		State	Zip
Business Phone			Business Email		

**CLIENT INFORMATION**

Client Name or Client Business Name		Registered Trade Name of Client (if Applicable)		Event Type	
Client Street Address		City		State	Zip
Client Phone			Client Email		

**EVENT/SITE INFORMATION**

Site Owner Name		Registered Trade Name or Building/Premises Name (Client)		Site Type Temp <input type="radio"/> Perm <input type="radio"/>	
Site Street Address		City		State	Zip
Event Date (mm/dd/yyyy)	Event Start Time (hh:mm am/pm)	Event Finish Time (hh:mm am/pm)	Building/Site Authorized Capacity	# of Event Attendees	
Entertainment Yes <input type="radio"/> No <input type="radio"/>	Entertainment Description				
Date Signed by Site Owner	Signature of Site Owner				

**REQUIRED DOCUMENTATION**

The following documents are required to be submitted with application:

- Copy of contractual agreement between licensed caterer and client
- Permit of Assembly issued by local or state fire authorities
- Letter from municipality stating there are no objections for event(s) to be held at the site
- Site Inspection Completed by Investigator

**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 for Applicant/Caterer		Title of Authorized Agent for Applicant/Caterer	
Date Signed	Signature of Authorized Agent for Applicant/Caterer		