

**Authorized Signature for
Purchase/Pickup of Liquor Wine**

State of New Hampshire Liquor Commission
50 Storrs Street
Concord, New Hampshire 03301
Phone # (603) 230-7053 Fax # (603) 271-2375

License #:
Business Name & Address:
Billing Name & Address:
Contact Name & Telephone Number:

An authorized signer for the Purchase/Pickup of liquor or wine must be 21 years of age or older

AUTHORIZED SIGNER

_____, who is 21 years of age or older is authorized to sign for the
Print Name
purchase and/or pickup of liquor at State Liquor Store # _____ assigned to
supply liquor for resale under the provisions of RSA 176:10-A and Liquor 900.

**THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED IN WRITING. ALL
REVOCATIONS TO BE MAILED TO THE NEW HAMPSHIRE LIQUOR COMMISSION, 50 STORRS STREET,
CONCORD, NEW HAMPSHIRE 03301**

If the person signing this authorization is an officer in a corporation, please attach a copy of the minutes authorizing him to execute this document.

Print Signer's Name

Signature of signer / Date

Print Licensee Name

Signature of Licensee / Date