



Liquor License Application

Applicant's name _____

DBA business name _____ Phone _____

Business address _____

Street

City

State

ZIP

Applying as a sole owner corporation limited liability company partnership

1. Select the business type that best describes the type of business licensed/to be licensed

- Tavern – defined as any licensed premises that sells liquor by the drink which derives the majority of its annual gross sales from alcoholic beverages and does not qualify to be categorized as a restaurant-bar, amusement place or place of entertainment
- Bar-restaurant – defined as an establishment having a restaurant or similar facility on the premises which derives 30 percent or more of its annual gross sales from the sale of prepared meals and food made for immediate consumption as compared to the annual gross sales of alcoholic beverages sold for immediate consumption.
- Caterer – defined as any establishment whose primary business is the preparation of food and drinks for consumption away from the licensed premises. A caterer must derive 50 percent or more of its annual gross sales from the sale of prepared meals and food consumed at other approved premises.
- Drugstore – defined as a retail store centrally featuring a pharmacy that dispenses prescription medication and sells over-the-counter medications as well as other miscellaneous items which includes but is not limited to products such as candy, cosmetics, cleaning supplies, light refreshments, magazines and paperback books
- Grocery store – defined as a retail business occupying a space that is at least 15,000 square feet, that primarily stocks a range of everyday items which includes but is not limited to groceries, snack foods, confectionery, toiletries, soft drinks, tobacco products, personal electronics, home essentials, and clothing, that derives at least 70% of its sales from products other than liquor
- Convenience-grocery store – defined as a small retail business that primarily stocks a range of everyday items which includes but is not limited to groceries, snack foods, confectionery, toiletries, soft drinks, tobacco products, magazines and newspapers
- General merchandising store – defined as a retail business that sells a number of lines of merchandise which may include but is not limited to dry goods, apparel and accessories, furniture and home furnishings, small wares, hardware, toys, automotive products and food
- Confectionery store – defined as a retail business that primarily sells bakers and sugar confections which includes but is not limited to sweets, candies, candied nuts, chocolates, chewing gum, pastillage, sweet pastries, cakes and other baked goods
- Liquor store – defined as a retail business that primarily sells pre-packaged alcoholic beverages
- Other _____

2. Proposed days and hours of operation _____

3. The business will provide the following breakfast lunch dinner **not applicable**

4. I am applying for the following (**check all that apply**)

- change in ownership of an existing liquor licensed business (If there are no licensing changes, proceed to number 11)
- original liquor license expansion of premises DBA name change transfer of location
- Sunday liquor license change of managing officer upgrade of license manufacturer
- extended hours (3 a.m.) permit (sales-by-drink **only**) annual catering permit
- wholesaler other _____

5. Type of license for which you are applying (**check all that apply**)

- full sales-by-drink malt liquor/light wine sales-by-drink (14% alcohol or less)
- full sales-by-package malt liquor sales-by-package (Sunday license included)
- tasting license – **only for package licenses** full alcoholic beverage wholesaler
- 22% or less alcoholic beverage wholesaler malt liquor wholesaler (sales to retailers or wholesalers)
- full liquor manufacturer 22% or less manufacturer
- beer manufacturer wine / brandy manufacture
- microbrewery C.O.L. license

All application fees must be submitted with the application – see the corresponding checklist for the listed application fee

6. If you are applying for a **Sunday license**, please indicate the license type
[] Retail sales-by-drink Sunday [] Retail sales-by-package Sunday [] **not applicable**
7. If you are applying for an **extended hour's permit**, please indicate business type
[] Retail sales-by-drink business [] Retail sales-by-drink convention hotel/motel [] **not applicable**
8. Indicate all **entertainment** to be provided. If applying for a **change in live entertainment, or, change in the frequency of the live entertainment**, indicate below
[] video games / amusement devices [] pool table [] darts [] pinball [] jukebox
[] dancing/dance hall [] DJ [] semi-nude dancers (must have zoning clearance)
[] live music
[] live entertainment (describe) _____

Frequency of live entertainment to be held **indoors** will be no more than ____ days per week

Outdoor entertainment provided: [] DJ [] live music [] dancing [] other _____
[] live entertainment (describe) _____

Frequency of live entertainment to be held **outdoors** will be no more than ____ days per week

Total number of all multi coin-operated amusement devices _____ (A multi coin-operated machine or device is one which is capable of being played by the insertion therein of more than one coin, disc or other insertion piece, or operated thereby winning free plays or free games, or for the purpose of increasing the number of free plays or free games which may be won)

Total number of billiard/pool tables _____ **Total number of all other coin-operated amusement devices** _____

9. Interior occupant capacity _____ Exterior occupant capacity (if used for customer seating) _____
10. Interior square feet _____ Exterior square feet _____ how many **total** floors will be licensed? _____
Will one or more exterior patio(s) be licensed? [] yes [] no Location(s) (circle) **north south east west**
Will one or more exterior deck(s) be licensed? [] yes [] no Location(s) **north south east west roof**

-----**This section ONLY: Current licensees please write "on file" next to any question where applicable**-----

11. Managing officer's name _____ E-mail address _____
Home phone _____ Work phone _____ Mobile phone _____
Address _____
Street City State ZIP

12. Do you currently or intend to employ any person who has been convicted of a felony? [] yes [] no
If yes, give details _____

13. Do you own or intend to purchase this business? [] yes [] no If yes, provide the following information
Date of purchase _____ Purchase price \$ _____

14. Do you rent or lease the premise? [] yes [] no If yes, provide the following information
Landlord's name _____ Daytime Phone _____
Address _____
Street City State ZIP

Monthly rent or lease payment amount \$ _____ Term of rent or lease agreement _____

15. Property owner's name _____
Address _____
Street City State ZIP

----- **Financial information** -----

16. Total investment amount to set up the proposed business \$ _____
Source of funds _____
17. List the names of all person(s), firms or corporations that have provided or will provide money to purchase or set up

this business and indicate amounts _____

18. Does or will the former owner have any interest, directly or indirectly, in this business? [] yes [] no [] n/a

If yes, give details _____

19. Does your landlord have any interest, directly or indirectly, in this business? [] yes [] no [] n/a

If yes, give details _____

20. List all corporations, limited liability companies and partnerships for which you and all owners of this business (the members of the corporation, LLC or partnership) are members or are directly or indirectly involved

_____/_____/_____
_____/_____/_____
_____/_____/_____

----- If the business is a **corporation**, complete this section -----

21. Name of corporation _____

State of incorporation _____ Date of incorporation _____

22. List the names and titles of all corporate officers (attach additional sheet if necessary)

23. List the names of all stockholders, the number of shares held, and percentage of total ownership of the corporation for each stockholder who holds more than 10 percent of the capital stock (attach additional sheet if needed)

----- If the business is a **limited liability company**, complete this section -----

24. Name of limited liability company _____

State of organization _____ Date of organization _____

25. List the names of all members and percentages of each LLC member's interest (attach additional sheet if needed)

----- If the business is a **partnership**, complete this section -----

26. List names of general and limited partners, and the number of units owned by each (attach additional list if necessary) _____

