

**ADAMS TOWNSHIP  
APPLICATION FOR INTER-MUNICIPAL  
LIQUOR LICENSE TRANSFER**

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

Name of Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Current Owner of License: \_\_\_\_\_ Trade Name, if any: \_\_\_\_\_

Current Location of the License: \_\_\_\_\_

\_\_\_\_\_

License No. \_\_\_\_\_

Proposed location of the license to be transferred: \_\_\_\_\_

Name of the establishment sought to be licensed: \_\_\_\_\_

Type of license proposed to be transferred: \_\_\_\_\_

Current use of proposed location: \_\_\_\_\_ Current zoning of proposed location: \_\_\_\_\_

Proposed changes to use (if any): \_\_\_\_\_

Other locations owned or operated by applicant or affiliates which currently hold liquor licenses:

Name

Address

License No.

\_\_\_\_\_  
\_\_\_\_\_

Has applicant or affiliates ever been cited with liquor law violation? Yes  No

If yes, please explain: \_\_\_\_\_

Please provide the name, address and distance from the proposed licensed premises of:

	<b>Name</b>	<b>Address</b>	<b>Distance</b>
Nearest Licensed Establishment			
Nearest School			
Nearest Park			
Nearest Church			
Nearest private recreation or amusement facility			

List of existing licenses in Adams Township which are inactive, in safekeeping and/or for sale, including name, address and telephone number of contact person for each:

<b>Name</b>	<b>Address</b>	<b>Contact Person/telephone number</b>

I verify that I am authorized to execute this application on behalf of the applicant and further that the statements made in this application are true and correct. I understand that any false statements made herein are subject to penalty of 18 PA. C.S.A. '4904, relating to unsworn falsification to authorities. I further understand that submission of false information may constitute grounds for revocation or denial of the application for an inter-municipal liquor license transfer.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Print name of Applicant

**(FOR TOWNSHIP USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE)**

Application No. _____	<b>Fee \$1000.00</b> _____
Map & Parcel No. _____	
_____ Code Administrator	_____ Approval Date