

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:

	Name	Address	Distance
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:

Name	Address	Contact Person/telephone number

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. _____	Fee \$1,500.00 _____
Map & Parcel No. _____	
Code Administrator	Approval Date