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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Class of Permit  (Office Use Only)   |  |  | | --- | --- | | ☐ | Class A - Consumption on premises | | ☐ | Class B - Package Only | | ☐ | Caterer | | | | | | Type of Alcoholic Beverage to be Sold  (Office Use Only) | | | | (Office Use Only) |
| |  |  | | --- | --- | | ☐ | Beer Only | | ☐ | Beer & Liquor |      |  |  | | --- | --- | | ☐ | Liquor Only | | | | | \_\_\_\_\_\_\_\_\_\_Date of NO I Application |
| \_\_\_\_\_\_\_\_\_\_Business Application |
| \_\_\_\_\_\_\_\_\_\_Zoning Conforming Letter |
| \_\_\_\_\_\_\_\_\_\_Class A/B Information |
| \_\_\_\_\_\_\_\_\_\_Licensing Acknowledgment |
| \_\_\_\_\_\_\_\_\_\_Health Department |
| \_\_\_\_\_\_\_\_\_\_Inspection Reports |
| 1. Trade Name of Business & Business Phone Number | | | | | | | 2. Business Owner (Name of Individual, Partnership, Corporation, LLC ) | | |
| 3. Business Address (Street/Zip Code) | | | | | | | 4. Mailing Address (PO Box/Street/City/State/Zip Code) | | |
| 5. Type of Ownership: | | | \_\_ Sole Owner; | \_\_\_ Partnership (Requires Written Agreement); | | | | | \_\_\_ Corporation (Requires Certification): |
|  | | \_\_ LLC (Requires Certification) | | | | |  | | |
| 6. | Is applicant the owner of the premises to be occupied? | | | | | \_\_\_ Yes; | \_\_\_ No; | **If "Yes", you must provide a copy of the written bill**  **or ad of sale with this application. If "No", you**  **must provide a copy of the written lease.** | |
|  | Lessor's Name and Address: | | | | | |  |
| 7. List the legal name, title and percentage of ownership of each person for this business. (Note: A Schedule "A" form must be completed and  attached to this application for EACH manager, owner, partner, officer, director, financial backer, and any stockholder owning more than 5  percent of the stock) Attach additional sheet, if necessary. | | | | | | | | | |
|  |  | Full Legal Name | | | Title (Stockholder/Director/Officer) | | | | % of Ownership |
|  | | | | |  | | | |  |
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|  | | | | |  | | | |  |
| This affidavit must be executed by the applicant before a Notary Public. | | | | | | | | | |
| I swear (or affirm) that I have read each of the questions in this application and the answers which I have given are true and correct to the best of  my knowledge. I understand that any false statement or misrepresentation of fact constitutes grounds for denial of this application. By signing  this application, the holder of any license issued to the applicant agrees to waive all formalities regarding search and seizure during the duration  of the license. Furthermore, the holder of the license agrees to waive the same formalities if the license is revoked or if the holder is ordered by a  court of competent Jurisdiction to remove all alcohol, for as long as the holder owns or rents the previously licensed premises. | | | | | | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Notary Public's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print name of Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |