Readopt with amendment Form LIQ-A1 "Initial License Application" (January 2020), incorporated by reference in Liq 702.02(a), effective 9-25-20 (Document #13114).

Amendments to the "Initial License Application" include the following:

The revisions are intended to make the form more professional in appearance, easier for an applicant to understand, and to eliminate problems. For example, the form has been renamed from "Application" to "Initial License Application". Also, because the current form requests the business name, the revision changes that to registered business names. Some applicants have an informal business name and a registered name. The Division of Enforcement and Licensing needs the registered name in order to process the application. Also, the layout of the current form in the section titled "Operations Information" focuses on sole proprietors causing corporations and partnerships to believe they do not need to fill out the information required in sections 8-10. The revised form makes clear that all applicants must fill out this section.



State of New Hampshire

Liquor Commission Division of Enforcement and Licensing 50 Storrs Street, Concord, NH 03301



Phone: (603) 271-3523 | Fax:(603) 271-8424

\$100 Non-Refundable Processing Fee\$25.00 Non-Refundable Processing Fee for a One day, Beer Festival, Liquor & Wine Festival, Liquor & Wine Representatives and Alcohol Consultants

INITIAL LICENSE APPLICATION								
License Application Type								
BUSINESS/ENTITY/APPLICANT INFORMATION								
1(a). Registered Business Name			1(b). Registered Trade Name					
2(a). Name of Owner/Applicant (First MI Last)			2(b). Title of Applicant					
3(a). Business Street Address		3(b). City				3(c). State	3(d). Zip	
4(a). License Location Street Address		4(b). City			4(c). State	4(d). Zip		
5(a). Mailing Street Address		5(b). City		5(c). State	5(d). Zip			
6(a). Business Phone	6(b). Business Email 6(c). Business Website							
7(a). Type of Business/Entity		7(b).	Date Formed - Busine	L ss/Entity	7(c). State Chartered	7(d). EIN#		
		OPERATIONS	INFORMATION					
Who is the primary	contact for all matters rel							
8(a). Primary Contact Name (First, MI, Last) 8(b). Phone Num						Number		
·	9(a). Was there a previous liquor license at this location? Yes No (If yes, complete below)							
9(b). License Name or Trade Name						9(c). Licens	e Number	
10(a). Are there any persons who own, have a right to control, or have any interest in the proposed business other than those listed on page 3 of this application? Yes No (If yes, explain below)								
10(b). Explanation								
10(c). Does the applicant have any financial or other interest directly or indirectly with a manufacturer, vendor, or wholesaler? □ Yes □ No (If yes, explain below)								
10(d). Explanation								
10(e). Has the business entity or its partners, members, or officers, previously owned or had any interest in any								
liquor license within the last five (5) years?						ense Number		
25(.).	20(8). 2100.100 1141.110					25(). 2.60		

EXPLANATION OF BUSINESS PLAN						
11. Provide a brief ex	planation of the business plan.					
ACKNOWLEDGEMENT AND SUBMISSION						
I declare under RSA 641:3, that I am authorized to sign on behalf of the business entity applying for a license, that I have examined all of the information provided on or with this application, and that the information is true, correct, and complete to the best of my knowledge and belief						
and belief. 12(a). Name of Applicant/Authorized Agent (First MI Last)		12(b). Title of Applicant/Authorized Agent				
12(c). Date Signed	12/d) Signature of Authorized Agent					
12(c). Date Signed	12(d). Signature of Authorized Agent					

NEW HAMPSHIRE LIQUOR COMMISSION

Sole Proprietor, Partners, Officers, Members, and Managers
Please submit form to
NHLC, 50 Storrs Street, Concord, NH 03301
(603) 271-3523

SOLE PROPRIETOR, PARTNERS, OFFICERS, MEMBERS, AND MANAGERS 13. List ALL Members, Partners, Officers, and Managers Name (First, MI, Last) Date of Birth Phone Number **Contact Address** City State Zip Name (First, MI, Last) Title Date of Birth **Phone Number Contact Address** City State Zip Name (First, MI, Last) Title Date of Birth **Phone Number** State **Contact Address** City Zip Name (First, MI, Last) Title Date of Birth Phone Number Contact Address City State Zip Name (First, MI, Last) Title Date of Birth Phone Number **Contact Address** City State Zip Title Name (First, MI, Last) Date of Birth **Phone Number Contact Address** City State Zip Title Name (First, MI, Last) Date of Birth Phone Number **Contact Address** City State Zip Name (First, MI, Last) Title Date of Birth Phone Number State **Contact Address** City Zip

NEW HAMPSHIRE LIQUOR COMMISSION

LIQ-A1 General Instructions
Please submit completed form to:
NH Liquor Commission, 50 Storrs Street, Concord, NH 03301
(603) 271-3523

WHO MUST FILE

Individuals, partnerships, limited liability companies and partnerships, or corporations but not unincorporated associations, to apply for the manufacture, warehousing, sale, offer for sale, or solicitation of orders for sale of liquor or beverages and for retail sales of tobacco products within the state, subject to the limitation and restrictions imposed by RSA 178:2.

WHEN TO FILE

Before operating.

WHERE TO FILE

- NH Liquor Commission
 50 Storrs Street, Concord, NH 03301
- Email: licensing@liquor.nh.gov

NEED HELP

If you have any questions, please contact

<u>Enforcement Licenses Help Desk@liquor.nh.gov</u> or call
(603) 271-3523 between 8:00am – 4:40pm, Monday through Friday

APPLICABLE FEES

The annual license fee is determined per RSA 178:29 based on the license type you are applying for.

- Application Fee: \$100 (Non-Refundable).
- Exceptions: \$25 application fee for Liquor/Wine Representative; Alcohol Consultant; One-Day Licenses; and Beer Festivals. No application fee for Direct Shippers.
- License Fee will be determined after completion of worksheet requirements and final issuance of license.

Incomplete applications may be returned to the applicant and may result in delay in issuance of a license. Some examples of common omissions or errors are of the following:

- The application is not signed.
- The application is incomplete or illegible.
- The application fee is missing/incomplete.
 - o Check missing, incorrect, or not signed.
- Worksheet requirements incomplete.

LINE 1(a) & (b) Type or print registered business and trade name. Trade name must be registered with the NH Secretary of State's office.

LINE 2(a) & 2(b) Type or print full legal name and title of owner or person making application.

LINE 3(a) - 3(d) Type or print the official registered business address. This is the physical location of the business applying for the license.

LINE 4(a) - 4(d) Type or print the address of the physical location of the business if different from the business address.

LINE 5(a) - 5(d) Type or print the official mailing address of the business if different from the business address.

LINE 6(a) - 6(c) Type or print the official contact phone number, email address, and website address.

LINE 7(a) - 7(d) Select the business entity type and type or print the date the entity was formed and where, as well as the Employer Identification Number (EIN).

LINE 8(a) - 8(b) Type or print the full name (first, middle initial and last) of the individual that will be the primary contact for this license.

LINE 9(a) - 9(c) Indicate if there was a previous liquor license at the physical business location and, if so, provide the licensee's business or trade name as well as the license number.

LINE 10(a) - 10(b) NH law mandates that all individuals who have or may have control or interest in the proposed business be fully disclosed. RSA 178:3,V

LINE 10(c) - 10(d) NH Law mandates that all applicants disclose any substantial business interests involving the manufacture, sale, or distribution of liquor or beverages. RSA 178:3,V,e.

LINE 10(e) - **10(h)** Applicant must disclose all other license applications or licenses held during the previous 5 years. RSA 178:3, V,f.

LINE 11 Briefly explain what type of business you are hoping to achieve.

LINE 12(a) - 12(d) SIGNATURE Original manual signature or mark, date, print name & title.

LINE 13 Provide name, title, date of birth, phone number, and address of all sole proprietor, partners, officers, members, and/or managers.