

**FRAZER TOWNSHIP
APPLICATION FOR INTER-MUNICIPAL LIQUOR LICENSE**

Type of Application: Inter-Municipal Transfer _____

Applicant Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

Email Address: _____

Contact information of all parties who have or propose to have, a financial interest or ownership in the business where the proposed liquor license will be located. (Use a separate sheet if necessary.)

Applicant Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

Email Address: _____

Applicant Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

Email Address: _____

Applicant Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

Email Address: _____

Proposed Location of the License to be Transferred:

The current business name, address, telephone number where the liquor license proposed for transfer is located.

Business Name: _____

Owner's Name: _____

Address: _____

Telephone No.: _____

Name of Establishment proposed to be licensed:

Type of License proposed to be Transferred:

The applicant's Pennsylvania LCB license number:

The date at which the applicant proposes to relocate the liquor license to the Township:

The type of license to be transferred:

List other locations owned or operated by the applicant which currently hold a liquor license.
(Use a separate sheet if necessary.) Provide name, address, and license number of those locations.

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The name, address, telephone numbers of all owners of property fully or partially within 500 feet of the proposed license location. (Use a separate sheet if necessary.)

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Have you or anyone associated with these locations ever been cited for liquor law violations?

Yes _____ No _____

If yes, explain the violations (Use a separate sheet if necessary.):

Attach a copy of the completed application required by the Pennsylvania LCB including the applicant's criminal history and liquor code violations.

Provide the name, address (if applicable) and distance from the proposed licensed premise to the following:

Nearest Licensed Establishment:

(Distance)

Nearest School:

(Distance)

Nearest Park:

(Distance)

Nearest Church:

(Distance)

Nearest Private Recreation or Amusement Facility:

_____ (Distance)

Information about the following operating details:

Amusement Permit? Yes _____ No _____

If yes, type of entertainment? _____

Extended Hours Food Permit? Yes _____ No _____

Sunday Sales Permit? Yes _____ No _____

Days of operation? _____

Hours of operation? _____

Seating Capacity:

At bar? _____

At tables and chair? _____

Characteristics of Neighborhood (within 500 feet):

Residential _____ % Commercial _____ % Rural _____ %

Type of Menu? (Check where applicable):

Breakfast _____ Lunch _____ Dinner _____

Meal price Range? _____

Provide a list of existing licenses in the Township which are inactive, in safekeeping and/or are for sale. Include the name, address and telephone number of the contact person for each. (Use a separate sheet, if necessary.).

The number of existing liquor licenses of all types within the Township.

The population of the Township of taken from the latest Federal census.

I hereby swear that all of the information provided on this application is true and correct to the best of my knowledge and belief. Further, I understand that the presentation of false information will subject me to possible arrest, fine, and imprisonment. Attached to this application is the required application fee of \$800.00

Signed: _____

Printed Name: _____

Date