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## LIQUOR LICENSE QUESTIONNAIRE

*The information provided on this form will be used for the preparation of all documents necessary for an initial application or transfer of a license from person to person, place to place, or both.*

CONTACT INFORMATION			
Full Name:			
Telephone Numbers:			
Home:	Work:	Mobile:	
Mailing Address:			
City:	State:	Zip Code:	
APPLICANT INFORMATION			
Full Name:			
Tradename, if applicable:			
If the Applicant is a business entity, please provide the following:			
Sales Tax License Number:			
Corporate Box Number:			
Employer Identification Number:			
Unemployment Compensation Account Number:			
Has the applicant previously filed an application for license or held a license issued by the Pennsylvania Liquor Control Board			<input type="checkbox"/> Yes <input type="checkbox"/> No

For each partner, member, officer, provide:	
<b>Name</b>	
Home Address	
Social Security Number	
Title	<input type="checkbox"/> Partner/Member <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary-Treasurer
Date and Place of Birth	
Length of Residence in Pennsylvania	
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name</b>	
Home Address	
Social Security Number	
Title	<input type="checkbox"/> Partner/Member <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary-Treasurer
Date and Place of Birth	
Length of Residence in Pennsylvania	
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name</b>	
Home Address	
Social Security Number	
Title	<input type="checkbox"/> Partner/Member <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary-Treasurer
Date and Place of Birth	
Length of Residence in Pennsylvania	
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS ENTITY OPERATIONS	
If this entity is used for any operation other than the liquor license, please provide the location:	
Business purpose at this location	
Name and Address of Owner of Premises	

LICENSE DETAILS			
Current License Number, if any		LID Number, if any	
What beverages will be sold	<input type="checkbox"/> Liquor <input type="checkbox"/> Malt Beverages <input type="checkbox"/> Brewed Beverages		
Will Beverages Be Sold on Sunday?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises for license:			
Street:			
City:		Township/Borough:	
MANAGER INFORMATION			
Will a management company be employed to operate, manage or otherwise supervise all or part of the operation			<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is yes, provide the name and address of the management company:			
Name:			
Address:			
If the manager is an individual, please provide the following:			
Full Name			
Home Address:			
City:		Zip Code:	
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number:	
CONVICTION RECORDS			
If any individual owner, partner, member, manager or corporate officer has ever been convicted of a felony or misdemeanor, please give the following details:			
Name:			
Date of Conviction:			
Charge(s):			
Disposition:			
Location of Court:	County:		State: