

## APPLICATION FOR TRANSFER OF RETAIL LIQUOR LICENSE INTO TOWNSHIP

Name of Applicant (Transferee)
Address of Applicant
Location of premises proposed to be licensed
Current use of premises
Name of Transferor
Address of Transferor
Location of premises currently licensed
Type of license
License Number
The attached Questionnaire is a part of this Application and must be completed by the Applicant.
Signature of Applicant



## QUESTIONS TO BE ANSWERED BY UPPER MAKEFIELD TOWNSHIP TRANSFEREE OF INTERMUNICIPAL LIQUOR LICENSE PURSUANT TO ACT 141

What i	
	s the name of individual with controlling interest in Transferee?
What i Manag	s the name of individual proposed to be designated as the er of the Transferee premises?
(i.e. gr	e a description of premises to which license is to be transferre oss square footage of facility, square footage of kitchen and servic quare footage of seating area, seating capacity, number of parkin).
——— Do you	propose to increase the seating capacity?

Does the Transferee have a food carry-out service and is a beverage carry- out service proposed?
What are your present hours of operation and do you propose to extend the nours?
Does the Transferee have any experience operating a licensed establishment?
Has the Transferee previously permitted patrons to bring their own bottle?
as the Transferee had any experience with unruly or disruptive patrons?
Of the Transferee's anticipated gross sales what percentage do younticipate will represent sales of food and what percentage will represent ales of alcoholic beverages?
Does the Transferee propose to make any additions to the premises or any interior or exterior modifications?