# APPLICATION FOR LIQUOR LICENSE FOR A CRAFT MANUFACTURER 

Application for: $\quad$ Microbrewery $\square$ Craft Distillery $\square$ Farm Winery $\square$ , a Corporation, Partnership, or Limited Liability Company, hereby makes application for a license to sell alcoholic liquor pursuant to the Delaware Liquor Control Act ("Act"), as may be authorized as such by the Commissioner, and agrees to perform any and all duties and obligations required by the Act.

TTB permit number: $\qquad$ (attach TTB permit)

Trade name of the establishment to be licensed: $\qquad$
Date of incorporation or formation: $\qquad$ IRS EIN: $\qquad$

Applicant's email address: $\qquad$
Principal office address: $\qquad$

1. Details of the premises to be licensed:

Address: $\qquad$
Telephone number: $\qquad$ Hours of operation: $\qquad$
2. Does the Applicant wish to sell alcohol on Sundays? Yesor No
3. Alcoholic beverage(s) to be manufactured on the premises (check all that apply):

BeerWineSpiritsMeadFermented BeverageCider $\square$

State the anticipated annual production total (in barrels, gallons, or proof gallons): $\qquad$
4. Will the premises be a Tenant Microbrewery? Yes $\square$ No $\square$ N/A $\square$
5. Will the premises have entertainment? Yesor No

If yes, explain: $\qquad$
6. Is the Applicant seeking a patio permit? Yes $\square$ or No

If yes, explain how egress to/from the patio will be controlled:

If yes, will the Applicant be seeking a variance to Rule 704 to permit live entertainment, external speakers or amplifiers, a paging system, or a wet bar on the patio? Yes $\square$ or No $\square$

If yes, state the nature of and reasons for the variance(s) sought (use separate sheet if necessary):
7. State the name and address of the owner of the property at which the licensed premises is to be located:

Name:

Address:
8. Does the Applicant occupy the premises under a written lease?

Yesor No

If yes, list the name and address of the lessor, the date of the lease, and the date of expiration thereof.
Lessor:

## Address of Lessor:

Lease date: $\qquad$ Expiration Date: $\qquad$
Do the terms of the lease require payment by the Applicant of any consideration which is based on a percentage of the receipts of the business?

Yesor No

If yes, provide the provision of the lease, list percentage, and give details: $\qquad$
9. List all owners, officers, members, directors, stockholders, and/or partners, and their respective ownership interest:

NAME D.O.B. TITLE \% OWNERSHIP INTEREST
$\qquad$
$\qquad$
$\qquad$
$\qquad$

If necessary, list additional parties on a separate sheet.
10. Will additional, third-party financing be supplied for setting up or for the operation of this business?

Yes $\square$ or No $\square$

If yes, list the persons or entities who will supply additional funds (use separate sheet if necessary)
11. Does any person not an applicant hereto or owner thereof, or any person not reported in Question 11 above, share or will share on a percentage basis, or in any way in the receipts, losses, or deficiencies of the business, to any extent whatsoever other than by fixed salary? Yes $\square$ or No

If yes, list the names of such persons and the nature and percent of the share, (use separate sheet if necessary)
$\qquad$
12. Does any person not an applicant hereto or owner thereof, or any person not reported in Question 11 above, have any interest, financial, proprietary, or other, direct or indirect, in the premises or in the business to be licensed, or has any lien or mortgage on the fixtures of the business? Yesor No

If yes, list names of such persons and the nature of the interest (use separate sheet if necessary)
$\qquad$
13. The Applicant will comply with the requirements of Title 4 of the Delaware Code and the Rules of the OABCC.

Witnesses:
$\qquad$

## Applicant:

By: $\qquad$

STATE OF $\qquad$ ) ) ss.
$\qquad$

ON THIS $\qquad$ day of $\qquad$ , 20 $\qquad$ , personally came before me the Subscriber, a Notary Public for the State and County aforesaid, $\qquad$ , as witnesses, known to me personally, and all acknowledged this to be their act and deed and that the foregoing statements of the Applicant are true and correct.

GIVEN under my Hand and Seal of Office, the day and year aforesaid.

## Notarial Officer

My Commission Expires: $\qquad$

