

APPLICATION FOR LIQUOR LICENSE FOR A CRAFT MANUFACTURER

Application for: Microbrewery □ Craft Distillery □ Farm Winery □				
, 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: (attach TTB permit)				
Trade name of the establishment to be licensed:				
Date of incorporation or formation: IRS EIN:				
Applicant's email address:				
Principal office address:				
1. Details of the premises to be licensed:				
Address:				
Telephone number: Hours of operation:				
Does the Applicant wish to sell alcohol on Sundays? Yes □ or No □				
3. Alcoholic beverage(s) to be manufactured on the premises (check all that apply):				
Beer □ Wine □ Spirits □ Mead □ Fermented Beverage □ Cider □				
State the anticipated annual production total (in barrels, gallons, or proof gallons):				
Will the premises be a Tenant Microbrewery? Yes \square No \square N/A \square				
5. Will the premises have entertainment? Yes □ or No □				
If yes, explain:				
6. Is the Applicant seeking a patio permit? Yes □ 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 □ or No □				
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: Does the Applicant occupy the premises under a written lease? Yes □ or No □					
8.						
						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:		Expiration Date:			
	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? Yes \square or No \square					
	If yes, provide the provision of the lease, list percentage, and give details:					
	9.	List all owners, o	officers, members, direc	etors, stockholders, and/or partners, an	d their respective ownership interest:	
NA	ME	D.O.B.	TITLE	% OWNERSHIP INTEREST		
	If necessary,	, list additional parties of	on a separate sheet.			
10.	Will additional, t Yes □ or No		supplied for setting up or for the oper	ration of this business?		
	If yes, list th	e persons or entities wh	no will supply additional funds (use se	parate sheet if necessary)		
11.	share on a percer		or owner thereof, or any person not reay in the receipts, losses, or deficiencing Yes \square or No \square	eported in Question 11 above, share or will es of the business, to any extent		
	If yes, list th	e names of such person	as and the nature and percent of the sha	are, (use separate sheet if necessary)		

• 1	to or owner thereof, or any person not reported in Question 11 above, have any r, direct or indirect, in the premises or in the business to be licensed, or has any lien ness? Yes \square or No \square		
If yes, list names of such persons and the nature of the interest (use separate sheet if necessary)			
13. The Applicant will comply with the red	quirements of Title 4 of the Delaware Code and the Rules of the OABCC.		
Witnesses:	Applicant:		
	By:		
STATE OF) ss COUNTY)			
ON THIS day of the State and County aforesaid,, as witne and that the foregoing statements of the Ap			
GIVEN under my Hand and Seal of Office,	, the day and year aforesaid.		
Notarial Officer			
My Commission Expires:			