

APPLICATION FOR LIQUOR LICENSE FOR CONSUMPTION OFF THE PREMISES

Co	, a Corporation, Partnership, or Limited ability Company, hereby makes application for a license to sell alcoholic liquor pursuant to the Delaware Liquor ntrol Act ("Act") for consumption off the premises where sold, as may be authorized as such by the mmissioner, and agrees to perform any and all duties and obligations required by the Act.		
Tra	ade name of the establishment to be licensed:		
Da	te of incorporation or formation: IRS EIN:		
Ap	plicant's email address:		
Pri	ncipal office address:		
1.	Is this a transfer of an existing license? Yes \square or No \square		
	If yes, name the current license holder:		
	If yes, do you certify that no substantive changes been made to the licensed premises since the most recent floor plan was approved by the OABCC? Yes \square or No \square		
2.	Details of the premises to be licensed:		
	Address:		
	Telephone number:Hours of operation:		
3.	Does the Applicant wish to sell alcohol on Sundays? Yes □ or No □		
4.	Does the Applicant wish to apply for a Tasting Permit? Yes □ or No □		
5.	State the name and address of the owner of the property at which the licensed premises is to be located:		
	Name:		
	Address:		
6.	Does the Applicant occupy the premises under a written lease? Yes \square or No \square 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: t all owners, officers, members, directors, stockholders, and/or partners and their ownership interest:		
List			
ME	D.O.B. TITLE % OWNERSHIP INTEREST		
	(If necessary, list additional parties on a separate sheet.)		
Wil	additional, third-party financing be supplied for setting up, or for the operation of, this business?		
	Yes □ or No □		
	If yes, list persons or entities who will supply additional funds (use separate sheet if necessary)		
or v	s any person not an applicant hereto or owner thereof, or any person not reported in Question 6 above, share rill share on a percentage basis, or in any way in the receipts, losses, or deficiencies of the business, to any nt whatsoever other than by fixed salary?		
	Yes □ or No □		
	If yes, list names of such persons and the nature and percent of the share (use separate sheet if necessary)		
any	s any person not an applicant hereto or owner thereof, or any person not reported in Question 6 above, have interest, financial, proprietary, or other, direct or indirect, in the premises or in the business to be licensed, as any lien or mortgage on the assets of the business?		
	Yes □ or No □		
	If yes, list names of such person and the nature of the interest (use separate sheet if necessary)		
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including any financial, pecuniary, benefic	er, director, stockholder, member, or partner, has an interest, ial, management, supervisory, or other interest whatsoever, direct or her retail off premise license issued by this Office.
interest, including any financial, pecuniary	se of any officer, director, stockholder, member, partner etc. has an stockholder, beneficial, management, supervisory, or other interest whatsoever, in any retail off premise license issued by this Office.
	blishment for consumption off the premises, have you submitted with the proposed location complies with 4 Del. C. § 543 pursuant to \square N/A \square
(Your application may be denied if it	does not comply with 4 Del. C. § 543 distance requirements.)
14. The Applicant will comply with the require	ements of Title 4 of the Delaware Code and the Rules of the OABCC.
Witnesses:	Applicant:
	By:
STATE OF)) ss COUNTY)	
ON THIS day of Public for the State and County aforesaid,	
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:	