



APPLICATION FOR LIQUOR LICENSE FOR CONSUMPTION ON THE PREMISES

Application for:

Restaurant Brewpub Taproom Hotel Club Bottle Club Multiple Activity Club Caterer-On
Caterer-Off Dinner Theater Bowling Alley Movie Theater Concert Hall Beer Garden
Other (*See Title 4 Del. Code sec. 512*) _____

_____, 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") for consumption on the premises where sold, as may be authorized as such by the Commissioner, and agrees to perform any and all duties and obligations required by the Act.

Trade name of the establishment to be licensed: _____

Date of incorporation or formation: _____ IRS EIN: _____

Applicant's email address: _____

Principal office address: _____

1. Is this a transfer of an existing license? Yes or No

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 or No

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. Will the premises have entertainment? Yes or No

If yes, explain: _____

5. 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):

For restaurants, brewpubs, and hotels:

Number of dining seats: _____ Number of bar seats: _____

State the projected percentage of gross revenues that will be derived from:

Sale of complete meals: _____ Sale of alcohol: _____ Entertainment or other sources: _____

For concert halls:

Occupancy of the premises: _____

Number of live concerts planned during two-year licensure period (attach schedule): _____

3. State the name and address of the owner of the property at which the licensed premises is to be located:

Name: _____

Address: _____

4. Does the Applicant occupy the premises under a written lease? Yes or 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: _____ 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 or No

If yes, provide the provision of the lease, list percentage, and give details: _____

5. List all owners, officers, members, directors, stockholders, and/or partners, and their respective ownership interest:

NAME	D.O.B.	TITLE	% OWNERSHIP INTEREST
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If necessary, list additional parties on a separate sheet.

6. Will additional, third-party financing be supplied for setting up or for the operation of this business?
Yes or No

If yes, list the persons or entities who will supply additional funds (use separate sheet if necessary)

7. Does any person not an applicant hereto, or any person not reported in Question 5 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 or No

If yes, list the names of such persons and the nature and percent of the share (use separate sheet if necessary):

8. Does any person not an applicant hereto or owner thereof, or any person not reported in Question 5 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? Yes or No

If yes, list names of such persons and the nature of the interest (use separate sheet if necessary)

9. The Applicant will comply with the requirements of Title 4 of the Delaware Code and the Rules of the OABCC.

Witnesses:

Applicant:

By: _____

STATE OF _____)
) ss.
_____ COUNTY)

ON THIS ____ day of _____, 20____, personally came before me the Subscriber, a Notary Public for the State and County aforesaid, _____, of the Applicant, and _____, and _____, 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: _____