



# CITY OF HERMITAGE

800 North Hermitage Road, Hermitage, PA 16148

Phone: 724-981-0800 Fax: 724-981-2008

## APPLICATION FOR INTER-MUNICIPAL LIQUOR LICENSE TRANSFER

**Application Fee – \$1,500.00 – due with application**

Date:

Name of Applicant:

Address:

City, State, Zip:

Telephone:

Trade Name, if any:

Current Owner of License:

Trade Name, if any:

Current Location of License:

License No.:

Proposed establishment name for transferred license:

Proposed location for transferred license:

Current use of proposed location:

Current zoning of proposed location:

Proposed changes to use, if any:

Type of license proposed to be transferred:

Other locations owned or operated by applicant or affiliates that currently hold liquor licenses:

Name

Address

License No.

Has applicant or affiliates ever been cited with a liquor law violation?

Yes

No

If yes, please explain:

Please provide the following information in relation to the proposed location for the transferred license:

	Name	Address	Distance
Nearest Licensed Establishment			
Nearest School			
Nearest Park			
Nearest Church			
Nearest Private Recreation or Amusement Facility			

Please provide the following information for the existing licenses in the City of Hermitage that are inactive, in safekeeping and/or for sale.

Name	Address	Contact Person / Telephone No.

I verify that I am authorized to execute this application on behalf of the applicant and further that the statements made in this application are true and correct. I understand that any false statements made herein are subject to penalty of 18 PA. C.S.A. §4904, relating to unsworn falsification to authorities. I further understand that submission of false information may constitute grounds for revocation or denial of the application for an inter-municipal liquor license transfer.

Date

Signature of Applicant

Print Name of Applicant

**FOR CITY USE ONLY - DO NOT WRITE BELOW THIS LINE**

Date Received:

Fee Paid:            Yes            No

Application No.

Amount: \$

Map & Parcel No.

Date Paid:

Planning

Finance

Fire

Police

Code

Health

Approval Date: