

## Manheim Township Application for Liquor License

Type of Application (please indicate):  Intermunicipal Transfer  Economic Development

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number:

FAX Number:

E-Mail Address:

**Number and Location of **Current** License:**

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**Proposed Location of the License to be Transferred:**

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Digitized by srujanika@gmail.com

Name Of the Establishment sought to be licensed:

### Type of License proposed to be Transferred:

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Digitized by srujanika@gmail.com

List other locations owned or operated by the applicant which currently hold a liquor license. (Use a separate sheet, if necessary.) Provide name, address, and license number of those establishments.

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Have you or anyone associated with these locations ever been cited for liquor law violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide the name, address (if applicable) and distance from the proposed licensed premise to the following:

Nearest Licensed Establishment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Distance)

Nearest School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Distance)

Nearest Park: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Distance)

Nearest Church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Distance)

Nearest Private Recreation or Amusement Facility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Distance)

Provide a list of existing licenses in Manheim Township which are inactive, in safekeeping and/or are for sale. Include the name, address and telephone number of the contact person for each. (Use a separate sheet, if necessary.)

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I hereby swear that all of the information provided on this application is true and correct to the best of my knowledge and belief. Further, I understand that the presentation of false information will subject me to possible arrest, fine, and imprisonment. Attached to this application is the required application fee of \$1,900.00.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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Date

**For Township Use Only:**

Filing Fee Received: Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount \_\_\_\_\_

Application Received by: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_

Application Complete: Yes \_\_\_\_\_ No \_\_\_\_\_

Application Returned to Applicant: Date: \_\_\_\_\_  
By: \_\_\_\_\_

Forty-five (45) day deadline for action: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_

Date Advertised: \_\_\_\_\_ (Attach copy of notice)

Date property posted: \_\_\_\_\_  
By: \_\_\_\_\_

Date posted at Township Office: \_\_\_\_\_

By: \_\_\_\_\_

Action of Board of Commissioners: Approve \_\_\_\_\_ Reject \_\_\_\_\_

Date: \_\_\_\_\_