

Abington Township

1176 Old York Road Abington, PA 19001
Phone: (267)536-1003 Fax: (215)884-8271

APPLICATION FOR LIQUOR LICENSE TRANSFER & PUBLIC HEARING

*ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS SHALL
RESULT IN THE APPLICATION BEING DENIED.*

Application Date: _____ Initial Filing Fee Due on Submission: \$2000.00

For purpose of the application, "applicants" shall refer to every individual and/or corporation that will have interest in the licensed establishment:

Applicant/Licensee: _____ License No. _____

Trade Name (if any): _____

Applicant Address: _____

Property Location Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Correspondence is to be mailed to the property and/or applicant address.

List every individual and/or corporation that will have interest in the licensed establishment:

Name/Address	Title	Name/Address	Title
_____ _____ _____		_____ _____ _____	
_____ _____ _____		_____ _____ _____	
_____ _____ _____		_____ _____ _____	
_____ _____ _____		_____ _____ _____	

Proposed Location within Abington Township:

Property Owner Name: _____ Daytime Phone: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Description of the property in which the applicant desires to locate the liquor license: _____

Type of business establishment the applicant intends to establish within Abington Township:

Date at which the applicant proposes to relocate the liquor license to Abington Township: _____

Names & Addresses and property owners of all adjoining properties to the proposed location of the liquor license within Abington Township:

Property Address	Tax Parcel #	Name of Location	Property Owner Name	Owner Address

Attach to this application a listing of all available liquor licenses in Abington Township and a narrative explaining why these licenses have proven invalid.

Number of existing liquor licenses maintained by the applicant:

A copy of the completed application required by the Pennsylvania LCB, including, but not limited to, the applicant’s criminal history and liquor code violations must be provided with this application.

Upon receipt, this application will be reviewed for completion of information and required attachments. Complete applications will be processed through Abington Township Board of Commissioners. The Office of the Township Manager will coordinate the Public Hearing date with the applicant or designated contact.

Applicant Signature: _____ **Date:** _____

Print Applicant Name: _____

Designated Contact: _____ **Firm:** _____

Address: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Zoning District:

Application Approval: _____ **Date:** _____