



TOWN OF HULL

ALCOHOL LICENSE INFORMATION FORM

NEW

RENEWAL

TRANSFER

AMENDMENT

☐ CHANGE OF MANAGER (COM)*
☐ CHANGE OF HOURS (COH)
☐ ONE DAY
☐ OTHER _____

FOR LICENSING AUTHORITY USE

Full Legal Name of Business: _____

Business Name (dba) if different: _____

FID of Licensee: _____ Address of Premises: _____

Phone Number of Premises: _____ Business Email: _____

Business Mailing Address: Same as above _____

Owner of Business: _____

Manager of Record: _____

Phone: _____ Residential Address : _____

*Proposed Manager (must file COM with ABCC): _____

Phone: _____ Residential Address : _____

Applicant's (authorized) Signature _____ Date: _____

By signing above you are verifying the accuracy of all information

License Class: ☐ Annual ☐ Seasonal ☐ One Da (1 + 1 Day[s])

TYPE OF LICENSE: (CHECK ONLY ONE)

☐ Club ☐ Package Store ☐ Veteran's Club ☐ General On Premise ☐ Restaurant
☐ Innholder ☐ Tavern ☐ Other (Specify) _____

LICENSE CATEGORY:

☐ All Alcohol ☐ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials
☐ Other (please specify) _____

HOURS OF OPERATION - PLEASE READ CAREFULLY

NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached

REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)
SEE ATTACHED HOURS (CHANGE OF HOURS)

REQUESTING TO OPEN:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

REQUESTING TO CLOSE:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Seating Capacity: (if applicable) ☐ Indoor ☐ Outdoor ☐ Total

Occupancy Number: _____

Entertainment License: Yes No

Request for New Year's Eve
Extension?

YES

NO