



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