TOWN OF HOMER NEW, RENEWAL, TRANSFER, APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

INSTRUCTIONS: Every question must be fully answered (typewritten or printed in ink). If the space is not sufficient, answer on a separate page and indicate that such page is attached. Application must be signed, dated and properly notarized. Return completed application, together with all supporting papers and certified check, cashier's check or cash for the exact fee to the Town Clerk, at Town Hall 943 Historic Homer Hwy.

I HEREBY CERTIFY BY FILING THIS APPLICATION, AS APPLICANT, THAT I HAVE RECEIVED, READ AND DO UNDERSTAND THE TOWN OF HOMER REGULATIONS CONTROLLING ALCOHOLIC BEVERAGES, AND HEREIN MAKE APPLICATION FOR:

_Beer Package Fee \$500.00	Bee	er Consumption Fee \$500.00		
_Wine Package Fee \$500.00	Wiı	ne Consumption Fee \$500.00		
_Distilled Spirits Consumption FEE \$2,500.00				
2. APPLICANT: License Holder's Name (NO initials, spell out all names)				
E-mail				
Home Address	County	PHONE		
Age Race Sex Date of B	irth	SS#		
3. This license is for: Name (owner of business)				
ADDRESS:				
		SS#		
4. Trade Name of Business				
Business Address				
Business Phone GAS	Sales Tax #	FEI#_		
Mailing Address: (If different from business address)				

5. W	• PLAT: What is the straight-line distance from this business to the nearest	st:				
So (1	School Church (New Applications ONLY, Attach Surveyor's Statement).					
	Plat & Surveyor's Statement Attached					
6.	PRIOR APPLICATIONS:					
	Has any person with an interest in this application ever made time?YESNO (If yes, give disposition of					
7.	PRIOR CITATIONS OR APPLICATIONS: Has this place of business or anyone connected therewith been cited or charged at any time with any violation of State or Federal law, or regulation or any rule or regulation of the City or County? Yes NO (If yes, give details on separate sheet).					
8.	PARTIES HAVING AN INTEREST IN THE APPLICATION: List all pertinent information for each person, firm or corporation having any interest in this application and the type and percent of that interest.					
NAMI	AME ADDRESS BIRTHDATE S	SS# INTEREST				
E-mai	-mail					
E-mai	-mail					
E-mai	-mail					

9.	INTEREST IN OTHER ALCOHOLIC BEVERAGE OPERATIONS:					
		ses engaged in the sale of alcoholic beverage herein listed are entered in, employed by, or				
10.	10. <u>BUILDING OWNER, LESSOR, SUBLESSOR:</u> List full name, and address, and other pertinent information of the owner of the building, an the name and address or the owner of the land, and the name and address of all lessors and Sulessor. (Attach a copy of the lease or deed- New applicants only)					
Owner, I	Lessor, Sub-lessor	Address	Payments			
11.	MANAGER;					
	Full name and other pertinent information of the manger of this business and state how he/sh is compensated.					
	NAME	E-Ma	il			
	Address	County	Home Phone#			
	Date of Birth	Age Race Sex	SS#			

OATH

1.	statements and answers made to the license as a dealer in alcoholic be or fraudulent statement or answer that any license issued pursuant to the answers and statements made	t to criminal penalties for false swearing, that the he foregoing questions in this application for a verages are true and complete, and that no false is made herein to procure granting of a license, to this application is conditioned upon the truth of herein; and that any false or fraudulent statement cause for the suspension or revocation of any olication.
2.	the year for which a license is issued pursuant to hire a different answer to any question contained a furst be reported as a written amendment to this of the change. The failure to make such the suspension or revocation of any license issued.	
3.	` ' /	e local alcoholic beverage regulations and kept on the license premises at all times.
		Signature of applicant under oath
		Signature of owner if not applicant
		Doing business as
		Title
Sworn to and subse	cribed before me thisDay of	202
Notary (SEAL)		

Commission expires _____