

Fee \$ _____ Date _____

TOWN OF HARRISON

Application For Transfer of _____
License _____

Applicant Name _____

Applicant Address _____ Phone # _____
How Long? _____

Previous Address _____
How Long? _____

Address To Be License _____

Place Of Birth _____ Date Of Birth _____

Height _____ Weight _____ U.S. Citizen? _____

Has A License Ever Been Refused or Revoked? _____ If So, Explain _____

Are You In Business For Yourself Or Employed By Others? _____

Explain Type Of Business _____

Have You Ever Been Convicted Of A Crime? _____ If So, Explain _____

Schools Attended _____

Work Experience _____

Other Or Previous Address You Have Conducted Business From: _____

Do You Hold A State License For Any Profession Or Occupation? _____ Specify _____

Give Three References (no relatives) Phone Number
1. _____
2. _____
3. _____

*Copy of Contract for Sale of Liquor License **must** accompany this application*

Applicant Signature

Police Department

Investigation Complete.
Approved: _____ Denied: _____

Health Department

Investigation Complete.
Approved: _____ Denied: _____

Fire Department

Investigation Complete:
Approved: _____ Denied: _____

Building Inspector

Investigation Complete:
Approved: _____ Denied: _____