DOVER TOWNSHIP 2480 WEST CANAL ROAD DOVER, PA 17315

717-292-3634

www.dovertownship.org

APPLICATION FOR TRANSFER OF RETAIL LIQUOR LICENSE INTO TOWNSHIP

Name of Applicant (Transferee)	
Address of Applicant	
Location of premises to be licensed	
Current use of premises	
Name of Transferor	
Address of Transferor	
Location of premises currently licensed	
Type of License	
License Number	
The attached Questionnaire is a part of this application and must be	e completed by the Applicant.
	Signature of Applicant
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QUESTIONS TO BE ANSWERED BY DOVER TOWNSHIP TRANSFERRE OF INTERMUNICIPAL LIQUOR LICENSE PURSUANT TO ACT 141

1.	What is the anticipated date of the proposed transfer?
2.	What is the name of the individual with controlling interest in Transferee?
3.	What is the name of the individual proposed to be designated as the Manager of the Transferee premises?
4.	Provide a description of the premises to which the license is being transferred. (i.e. gross square footage of facility, square footage of kitchen and service area, square footage of seating area, seating capacity, number of parking spaces).
5.	Do you propose to increase the seating capacity?
6.	Do you propose to add a bar at which alcoholic beverages will be served?

7.	Does the Transferee have a food carry-out service and is beverage carry-out service proposed?
3.	What are your present hours of operation and do you propose to extend the hours?
	Does the Transferee have any experience operating a licensed establishment?
0.	Has the Transferee previously permitted patrons to bring their own bottle?
1.	Has the Transferee had any experience with unruly or disruptive patrons?
2.	Of the Transferee's anticipated gross sales what percentage do you anticipate will represent sales of food and what percentage will represent sales of alcoholic beverages?
3.	Does the Transferee propose to make any additions to the premises or any interior or exterior modifications?
1.	With the addition of the license will the Transferee be adding any additional employees?