APPLICATION FOR TRANSFER OF LIQUOR LICENSE

Stroud Township Monroe County, Pennsylvania

IDENTIFICATION	
Property Owner	Phone #
Mailing Address	Email
Applicant: □same as owner	
Applicant Name	Phone #
Trade Name (if any)	Email
Mailing Address	
LICENSE INFORMATION	
Current Licensee	License No
Trade Name (if any)	LID
Address of Premises	Municipality
	County
Type of Permit	Amusement Permit □Y □N
TRANSFER INFORMATION	
Address of proposed licensed premises	Municipality
	Amusement Permit Transferred □Y□N
THE INFORMATION PROVIDED ON THIS APPLICATION THE BEST OF THEIR KNOWLEDGE AND BELIEF.	BY THE APPLICANT/OWNER IS TRUE AND CORRECT TO
Signature of Owner/Authorized Representative	Signature of Applicant/Authorized Representative
Data Submitted	