

UPPER BERN TOWNSHIP

PO Box 185 • 25 North 5th Street • Shartlesville, PA 19554
Phone: 610.488.1191 • Fax: 610.488.0444 • Email: info@upperberntownship.com

APPLICATION FOR AN INTER-MUNICIPAL LIQUOR LICENSE TRANSFER INTO UPPER BERN TOWNSHIP

Applicants Name: _____
Applicants Address: _____
City: _____ State: _____ Zip: _____
Applicants Contact Phone Number: _____
Applicants Business Phone Number: _____
Applicants Fax Number: _____
Applicants Email Address: _____

Proposed location of the license to be transferred:

The name of the establishment seeking to be licensed:

The type of license proposed to be transferred:

The locations owned or operated by the applicant which currently holds liquor licenses. Please set forth the name, address, and liquor license number of each of these establishments:

Has the applicant or any of its establishments ever been cited with liquor law violations.

Yes No

If the answer is yes, please disclose the date of the citation, address of the establishment cited, citation number, and the reason for the citation:

Office Hours: Monday thru Friday 9:00 a.m. - 4:00 p.m.
Board of Supervisors meet every 2nd Wednesday of month
Planning Commission meets 4th Monday of month

“Upper Bern Township is an Equal Opportunity Provider and Employer”

Set forth the name, address, and distances of the proposed licensed premises to the following:

- a. The nearest licensed establishment serving liquor
- b. The nearest school property
- c. The nearest public or community park
- d. The nearest church
- e. The nearest private recreation or amusement facility

Set forth the name, address and telephone number of each owner of a presently existing liquor license in Upper Bern Township setting forth the status of the license (whether active, inactive, being held in escrow, etc.)

I, _____ hereby certify that I am the applicant for the transfer for an inter-municipal liquor license in that the facts set forth in this applicant are true and correct to the best of my knowledge, information and belief. I further acknowledge that I am aware of the fact that false statements are subject to penalties under Pennsylvania law pursuant to 18 Pa.C.S.A. 4904 which relates to unsworn falsification to authorities. I further certify that I have paid the \$500.00 application fee to the Township upon the filing of this application and acknowledge that I am responsible for additional costs incurred by the Township over and above the \$500.00 which I am paying at this time, should the costs of the hearing exceed \$500.00.

Applicants Signature

Date of Application

Upper Bern Township hereby acknowledges receipt of the \$500.00 application fee which is due at the time of filing the application.

Township Secretary

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