

State of New Hampshire Liquor Commission Division of Enforcement & Licensing



AFFIDAVIT

This affidavit is filed with the Liquor Commission's Division of Enforcem ent & Licensin g in support of *my ownership*, *management control*, *employment by a business licensed*, or *applying for* a license to sell alcoholic beverages and tobacco under Chapter 178 of the Revised Statutes Annotated.

I,				be	ing duly sworn do de	pose and say:
		(Print Name)				
1.	Business Trade Nam	ie:			Liquor Lic#	
	Address					
	Mailing	(No. – Street)		(City / Town)	(State)	(Zip)
	Address					
		(No. – Street)		(City / Town)	(State)	(Zip)
2.	l live at:	(No. – Street)				
		(No. – Street)		(City / Town)	· · · ·	(Zip)
3.	I was born in on on on on (POB: i.e. State, or Province if Canada, Country if foreign)) (Date	e of Birth)	(Age)
						(Age)
	Home phone	L		Race	Soc. Sec #	
4.	I am I am not a citizen of the United States					
	If not a citizen, R.A. Document # or other Identification submitted					
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5.	I understand RSA 178:4 & RSA 179:23, IV, prohibit c onvicted felons from holding a license to sell alcohol o assuming control of licensed premise. By signing this a ffidavit I swear this information is true and accurat					
	and that this document is signed under the penalty if false swearing (RSA 641:2)					
6.	Have you ever been arrested for or convicted of a crime that has not been annulled by the court? Yes No					
	If convicted, were you convicted of a felony? Yes No					
7.	I am filing this document in support of my employment as a					
	Corporate Officer	🗌 POA	Person in C	harge		
	☐ Partner	LLC Member	Proprietor	0		
	LLC Manager	Manager	Title/Position			
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	RSA 179:23, IV requires the licensee to designate one or more people to be in charge of the premise in the licensee' absence.					
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8.	I swear before the Justice of Peace or Notary Public that this information is true and accurate , and that this document is signed under the penalty if false swearing (RSA 641:2)					
	document is signed u	ider the penalty in laise		1.2)		
Sig	nature			Date		
_						
County				SS. Date:		
Personally appeared before me and made oath that the same is true. (A		fiant Name) known to be the person who executed				
ano	made oath that the san	ie is true. (Aff	hant Name)			
		SEAL		Justice of Peac	e / Notary Public	
N/	ail original to: NHLC -		nont & Liconeine		-	
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