

CITY OF NEW MARTINSVILLE
APPLICATION FOR LIQUOR LICENSE

191 MAIN STREET
NEW MARTINSVILLE, WV 26155
PHONE: (304) 455-9120

ATTACH COPY OF STATE LIQUOR LICENSE TO THIS APPLICATION. CITY LICENSE WILL NOT BE ISSUED UNTIL PROOF OF RECEIPT OF STATE LICENSE IS SHOWN.

IMPORTANT: PLEASE ARRANGE TO PICK UP YOUR CITY LIQUOR LICENSE BEFORE THE 1ST DAY OF JULY OF EACH YEAR SO LICENSE CAN BE POSTED FOR INSPECTION ON THAT DATE.

TO THE CITY OF NEW MARTINSVILLE:

The undersigned organization or corporation hereby applies for a City of New Martinsville Liquor License.

1. Name of Club _____
2. Street Address of Club Premises _____
3. Municipality _____
4. Post Office Address _____
5. Owner of Club Property _____
6. Address of Property Owner _____

7. Premises to be Licensed:

(a) List complete information for every room which is to be used in the operation of the licensed business, including a separate kitchen, if any, and area to be used for storage of alcoholic beverages.

| ROOM | | LOCATED ON WHAT FLOOR | SEATING CAPACITY | SERVING, KITCHEN OR STORAGE |
|-------|--------|-----------------------|------------------|-----------------------------|
| WIDTH | LENGTH | | | |
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8. (a) No clause appears in the deed to the property prohibiting the sale of Liquor or Malt or Brewed Beverages, except as follows: _____

- (b) Deed is recorded in Volume _____ Page _____
9. The license applied for is not for any club located on any college campus, state university campus or branch thereof and the club has not been determined by law to be a public nuisance, except as follows: _____

10. The primary purpose or purposes of the club is _____
11. Date club organized _____ Dated Incorporated _____
Place Incorporated _____
12. The following is a list of all Officers and Directors, Trustees or Governing Board:

| NAME | TITLE | HOME ADDRESS | HOW LONG A RESIDENT OF WEST VIRGINIA |
|------|-------|--------------|--------------------------------------|
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Name and Social Sec. No. of Owner or Chief Officer _____
Soc. Sec. No. _____