

EDGMONT TOWNSHIP
REQUEST FOR INTERMUNICIPAL LIQUOR
LICENSE TRANSFER

1000 Gradyville Road, P.O. Box 267, Gradyville, PA 19039
610-459-1662 phone 610-459-3760 fax

Date of Filing: _____

1. Location of property involved:
2. Name and address of requester

3. State interest of each petitioner in property (whether owner or purchaser under agreement of sale, etc.):

4. Date of deed:
5. Deed book and page number:
6. Present zoning of property:
7. Current or former use of property vs. Proposed Use (will zoning relief be required?):

8. The undersigned request(s) the Board of Supervisors to hold a public hearing on the Application for Intermunicipal Liquor License Transfer.
9. The undersigned shall provide to the Township in advance of the public hearing letters from the Pennsylvania Liquor Control Board (PLCB) quota certification of licenses available in Edgmont Township, Delaware County, Pennsylvania, and a letter of Attestation of Liquor Licenses in Safekeeping from the PLCB.
10. The undersigned shall mail certified, Return Receipt Requested, Notice of the Public Hearing on this Application to all adjoining/abutting property owners at least 10 days in advance of the hearing and produce signed receipts (“green cards”) thereof at the hearing as an exhibit.

11. Applicant agrees to provide a fee in the amount of THREE-HUNDRED AND FIFTY DOLLARS (\$350.00) for services and execute a reimbursement agreement to return all costs associated with hearing to the Township.

The undersigned will adhere and address all of the items on the attached application for Intermunicipal Liquor License Transfer.

COUNTY OF DELAWARE :
: **SS**
COMMONWEALTH OF PENNSLYVANIA :

The undersigned, being duly sworn according to law, depose and say that they are the Petitioners named in the foregoing Application and that the facts set forth in said Application are true and correct to the best of their knowledge, information, and belief

(Signature)

(Signature)

(Signature)

(Signature)

Notary Public: _____

FOR TOWNSHIP OFFICE USE ONLY:

DATE SUBMITTED: _____

DATE ACCECPTED AS COMPLETE: _____