

**APPLICATION FOR TRANSFER IN OWNERSHIP
ALCOHOLIC BEVERAGE RETAILER'S PERMIT**

I, _____, doing business as

a _____ package retailer _____ on premise retailer holding ABC Retailers Permit No. _____

and located at _____
(street) (city) (county)

hereby submit application to transfer this permit for change in ownership to:

NAME _____

DOING BUSINESS AS _____

ADDRESS _____

I certify under penalty of perjury that the information presented is true and correct to the best of my knowledge. I further certify that (indicate one)

_____ I retain full ownership and control of this business and will continue to do so until this transfer is approved by the Commission.

_____ A Class II Temporary (70 day) Permit has been issued to the applicant for transfer of this permit.

The transferor must check the following to indicate his/her understanding:

_____ I understand that if the purchaser does not qualify for an ABC permit following the expiration of the Class II Temporary Permit, full ownership, responsibility, and control for the ABC Permit that I seek to transfer reverts to me for the remaining time of the permit period.

SIGNATURE _____ DATE _____

___PRESENT OWNER___ PARTNER___ PRESIDENT OF CORPORATION MANAGING MEMBER

STATEMENT OF TRANSFEREE

I, _____ applicant for transfer of the Alcoholic Beverage Retailers Permit described above recognize that the renewal privilege upon expiration of this permit may not be construed as a vested right. I understand that, if this is an on-premises permit, I assume responsibility for payment of any Additional Privilege Fees due on alcoholic beverage purchases made by the current permit holder. **I certify under penalty of perjury** that the information presented is true and correct to the best of my knowledge. I further certify that (indicate one)

_____ A Class II Temporary (70 day) Retailer's Permit has been issued to me for this business in the interim period of this transition.

_____ I exercise no control over nor have any financial interest in the business at this time nor will I have any such control or interest in the business until the Department approves this application.

SIGNATURE _____ DATE _____

TITLE _____