



TOWNSHIP OF FERGUSON

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LIQUOR LICENSE TRANSFER APPLICATION

***In addition to this application, please provide the following items:*

- A copy of the completed application required by the Pennsylvania Liquor Control Board including, but not limited to, the applicant's criminal history and any liquor control board violations
- A letter from the Township Zoning Administrator that the intended use and location satisfies the Township Zoning Ordinance.
- A traffic study based on a scope of work established by the Township
- Any conditions that were placed on previous liquor licenses from previous locations

APPLICANT'S INFORMATION

Applicant's Full Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Pennsylvania Liquor Control License Number: _____

Type of Liquor Control License:

R: Restaurant (Liquor)

DWS: Direct Wine Shipper

ID: Importing Distributor (Malt)

AN: Alcohol Non-Beverage

CC: Catering Club

GA: Grain Alcohol

LK: Limited Winery

PGR: Privately Owned

Other: _____

H: Hotel (Liquor)

Public Golf Course
(Liquor)

Applicant's Current Business Address: _____

City: _____ State: _____ Zip: _____

OWNERSHIP INFORMATION

Names, addresses, and phone numbers of all parties having an ownership in the business in which the liquor license will be located (use additional page if necessary):

1. Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

2. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone Number: _____

3. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone Number: _____

Names, addresses, and phone numbers of the owner(s) of the location at which the liquor license will be located (use additional page if necessary):

1. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone Number: _____

2. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone Number: _____

3. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone Number: _____

PROPERTY INFORMATION

Address and description of the property in which in the applicant desires to locate or relocate the liquor license: _____ City: _____ State: _____ Zip: _____

Description:

Names, addresses, and tax parcel numbers of the property owners of all adjoining properties to the proposed location of the liquor license within Ferguson Township (use additional paper if necessary):

1. Property Owner: _____ Tax Parcel Number: _____
Address: _____ City: _____ State: _____ Zip: _____

2. Property Owner: _____ Tax Parcel Number: _____
Address: _____ City: _____ State: _____ Zip: _____

3. Property Owner: _____ Tax Parcel Number: _____
Address: _____ City: _____ State: _____ Zip: _____

4. Property Owner: _____ Tax Parcel Number: _____
Address: _____ City: _____ State: _____ Zip: _____

Date of proposed location or relocation of liquor license: _____

Type of business establishment: _____

Number of existing liquor licenses maintained by the applicant: _____