

NAME OF LICENSEE \_\_\_\_\_

ADDRESS OF LICENSED PREMISES \_\_\_\_\_

CURRENT LICENSE SERIAL NO. \_\_\_\_\_

CURRENT LICENSE CERTIFICATION NO. \_\_\_\_\_

EFFECTIVE/EXPIRATION DATE OF CURRENT LICENSE \_\_\_\_\_ TO \_\_\_\_\_

This form is to be filled out completely and submitted to the Liquor Authority Zone Office where premises are located.

**CHECK ONE BOX**

To convert from **Off-Premises Beer to an Off Premises Beer/Wine Product License** submit the following additional information:

- a. An additional **Fee** to bring current license up to date – The fee is calculated at \$7.50 per month for the remaining months on your current license.

To convert from **Off Premises Beer/Wine Product to Off Premises Beer ONLY**

Upon the satisfactory completion and submission of the above items, your application for a new license will be processed.

When you have been notified that your application has been approved, please submit the following:

- 1. If from Grocery Store Beer to Beer/Wine Product
  - a. Submit current license
- 2. If from Grocery Store Beer/Wine Product to Beer only – **Upon renewal**, your license will reflect Grocery “A” Off Premises **Beer**. There will be no refund given on the current license in effect.

**NOTE: Applications to convert from Grocery Store Beer/Wine Product to Grocery Store Beer only must be mailed to: PO BOX 782772, Philadelphia, PA 19178-2772 three months prior to the expiration of the current license. If not submitted 3 months prior to the expiration, the change will not take effect until the next renewal period.**

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY INDIVIDUAL APPLICANT, EACH MEMBER OF PARTNERSHIP OR ONE OF THE CORPORATE PRINCIPALS. The undersigned, each for himself/herself, certifies that he/she is the applicant named, that he/she knows the contents of this application and the statements contained therein and the same are true of his/her own knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature of applicant or each partner)

(Residence)

(Home Phone)

<b><u>SLA Action</u></b>		
APPROVED	DISAPPROVED	SLA by _____
Dated _____		