



TOWN OF MILLS RIVER ABC LICENSE APPLICATION

Date: _____

Corporate Name: _____

D/B/A Name: _____

Full Address of Business: _____

Phone Number of Business: _____

Physical Location of Business (if different): _____

Nature of the Business: _____

Name of Primary Contact for the Business: _____

Address: _____

Phone #: _____ Relationship to Business: _____

Email Address: _____

Store Manager's Name, if applicable: _____

Emergency Contact Information:

Name: _____ Relationship to Business: _____

Address: _____

Phone #: _____

Please provide a copy of your State ABC License and list your license #: _____

ABC License Fees (Enter number of licenses for each category):

#	Malt Beverage On-Premises	\$5.00	\$
#	Malt Beverage Off-Premises	\$15.00	\$
#	Unfortified Wine On-Premises	\$10.00	\$
#	Unfortified Wine Off-Premises	\$15.00	\$
#	Malt Beverage Wholesale	\$37.50	\$
#	Wine Wholesale	\$37.50	\$

Total Due: _____