PLCB-1367 10/08

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA
LIQUOR CONTROL BOARD

APPLICATION FOR WHOLESALE LIQUOR PURCHASE PERMIT FOR HOSPITALS, PHARMACISTS AND STATE INSTITUTIONS

BUREAU OF LICENSING

(SEE INSTRUCTIONS ON REVERSE)

In accordance with the provisions of Regulation 118 of the Board, the undersigned _____
(HOSPITAL, PHARMACIST, OR INSTITUTION)

hereby applies for a Wholesale Liquor Purchase Permit for the license period ending December 31, _____.

1. NAME OF APPLICANT	PERMIT NO.

2. CORPORATE, TRADE OR INSTITUTION NAME

3. ADDRESS OF APPLICANT (STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP)

4. NAME OF MUNICIPALITY	TYPE OF MUNICIPALITY	COUNTY
	☐ CITY ☐ BORO ☐ TWP. ☐ INC. TOWN	

5. Complete in detail - Attach separate sheet, if necessary.

NAME OF INDIVIDUAL APPLICANT, PARTNERS, OFFICERS AND DIRECTORS, OR TRUSTEES	TITLE	HOME ADDRESS
A		
B		
C		
D		

6. Do you hold any other licenses or permits issued by this Board? ☐ YES ☐ NO
If "Yes", give license no.(s)

7. FOR HOSPITALS AND OTHER INSTITUTIONS ONLY

A. IS INSTITUTION ☐ PUBLIC ☐ PRIVATE ☐ STATE-OWNED ☐ STATE-AIDED

B. NUMBER OF BEDS	C. IS PHARMACY MAINTAINED? ☐ YES ☐ NO

8. A. REGISTRATION NUMBER OF PHARMACY	B. FEDERAL TAX STAMP NUMBER
C. NAME OF PHARMACIST IN CHARGE	D. REGISTRATION NUMBER OF PHARMACIST

9. FOR WHAT PURPOSE IS LIQUOR TO BE DISPENSED?

10. LIST THE KINDS OF LIQUORS TO BE PURCHASED UNDER THE PERMIT COVERED BY THIS APPLICATION.

DO NOT WRITE BELOW THIS LINE

CO-MNCPCODE: _ _ - _ _ _ ZIP _ _ _ _ _ - _ _ _ _

RESOLUTION (CORPORATIONS ONLY)

11.

At a regular or special meeting held on _____ , 20 _____ by the applicant corporation, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that

_____ and/or _____ is/are hereby
(NAME OF OFFICER/TITLE) (NAME OF OFFICER/TITLE)

authorized to execute said application, and any other papers required by the Board.

I swear or affirm, subject to the penalties provided by 18 Pa. C.S. §4904 and 47 P.S. §7-704, that the foregoing answers and statements provided herein are true and complete to the best of my knowledge and belief.

SIGNATURE	TITLE	NAME OF ATTORNEY REPRESENTING YOU IN THIS MATTER, IF ANY
HOME ADDRESS	PHONE	ADDRESS
SIGNATURE	TITLE	PHONE
HOME ADDRESS	PHONE	DATE SIGNED

INSTRUCTIONS

1. A fee of $40.00 is required if application is made for pharmacist purchase permit. The permits are 4-year permits.
2. NO FEE is required for hospitals or state-owned establishments.
3. Permittees may purchase the following liquors only: Whiskey, brandy, holland, gin, champagne, port, and sherry wine.

INFORMATION

MAIL THE APPLICATION AND SUPPORTING FEE TO: PENNSYLVANIA LIQUOR CONTROL BOARD, BUREAU OF LICENSING, P.O. BOX 8940, HARRISBURG, PA 17105-8940.

CHECK OR MONEY ORDER, MADE PAYABLE TO THE “COMMONWEALTH OF PENNSYLVANIA” OR “P.L.C.B.”.