

**APPLICATION  
FOR TRANSFER OF STATE  
LIQUOR LICENSE**

**CLARKS SUMMIT BOROUGH  
LACKAWANNA COUNTY, PENNSYLVANIA**

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

I [We] hereby represent that the information provided herein and on the plans and documents submitted herewith is true and correct and request to transfer my/our State Liquor license to Clark Summit Borough. I [We] agree to comply with the Clarks Summit Codes and Ordinances as amended & established by the Borough Council and any other applicable regulations.

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**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS (STREET, PO BOX): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LCB NUMBER: \_\_\_\_\_

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**CURRENT BUSINESS INFORMATION:**

NAME: \_\_\_\_\_ ADDRESS (STREET,POBOX): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

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**THE NEW PROPERTY LOCATION INFORMATION:**

PROPOSED USE: \_\_\_\_\_

EXISTING USE: \_\_\_\_\_

ADDRESS (STREET,POBOX): \_\_\_\_\_ (CITY): \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ TAX MAP #: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ TAX MAP #: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

(ACRES/ SGFT)

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**INFORMATION REQUIREMENTS:**

Submit a written narrative of the information required listed in the instruction sheet attached. The Borough and/or any authorized agent my request/require additional informational while reviewing this application.

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**BOROUGH USE ONLY:**

FEE: **\$500.00**

CHECK NAME: \_\_\_\_\_

CHECK NO. : \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

## **INSTRUCTIONS TO THE APPLICANT**

When submitting an application for a Borough LCB License Transfer, the following items are required:

1. The applicants full name and address (for the purpose of the application, “applicants” shall refer to every individual and/or corporation that will have an interest in the licensed establishment);
2. The applicant’s Pennsylvania LCB license number;
3. The applicant’s current business address;
4. The Names and addresses of all parties having ownership in the business in which the liquor license will be located;
5. The owner of the location at which the liquor license will be located;
6. The address, addresses and property owners of all adjoining properties to the proposed location of the; liquor license within Clarks Summit Borough;
7. The date at which the applicant proposes to relocate the liquor license within Clarks Summit Borough;
8. The type of business establishment the applicant intends to establish within Clarks Summit Borough;
9. A copy of the complete application required by the Pennsylvania LCB including, but not limited to, the applicant’s criminal history and liquor code violations;
10. Number of existing liquor licenses maintained by the applicant;
11. An approved Clarks Summit Borough zoning permit for the proposed Use and site;
12. **PLEASE NOTE** An incomplete application shall result in the application being denied.