



Liquor Board

Petitions of Support Form

This list must be signed by ten registered voters registered in the precinct where the business is located. We the undersigned reputable citizens, registered voters in the precinct in which the business covered by the foregoing application to be conducted, are familiar with the premises upon which the proposed business is to be conducted and we believe such premises are suitable for the conduct of business of a retail dealer in the alcoholic beverages, and the applicant is suitable person to obtain the license applied for:

Name of Business and Location: _____

Signature: _____ Date: _____ Print Full Name: _____

Date of Birth: _____ Home Address: _____

Town: _____ Zip: _____ County: _____ **Allegany**

Signature: _____ Date: _____ Print Full Name: _____

Date of Birth: _____ Home Address: _____

Town: _____ Zip: _____ County: _____ **Allegany**

Signature: _____ Date: _____ Print Full Name: _____

Date of Birth: _____ Home Address: _____

Town: _____ Zip: _____ County: _____ **Allegany**

Signature: _____ Date: _____ Print Full Name: _____

Date of Birth: _____ Home Address: _____

Town: _____ Zip: _____ County: _____ **Allegany**

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Signature: _____ Date: _____ Print Full Name: _____

Date of Birth: _____ Home Address: _____

Town: _____ Zip: _____ County: _____ **Allegany**

Signature: _____ Date: _____ Print Full Name: _____

Date of Birth: _____ Home Address: _____

Town: _____ Zip: _____ County: _____ **Allegany**