

**ALLEGANY**  
COUNTY  
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: \_\_\_\_\_

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