TOWN OF KEARNY
OFFICE OF THE TOWN CLERK
PATRICIA CARPENTER, RMC
402 KEARNY AVENUE
KEARNY, NEW JERSEY 07032

Fee $_____ Date_____

Application For Transfer of_____

License_____

Applicant Name_____

Applicant Address_____Phone #_____

_____How Long?_____

Previous Address _____How Long?_____

Address To Be Licensed:_____

_____

Place of Birth_____ Date of Birth_____

Height_____Weight_____ U.S. Citizen?_____

Has A License Ever Been Refused or Revoked?_____ If So, Explain_____

_____

_____

Are You In Business For Yourself Or Employed By Others? _____

_____

Explain Type Of Business_____

_____

Have You Ever Been Convicted Of A Crime?_____ If So, Explain_____

_____

_____

Schools Attended _____

Work Experience_____

Other Or Previous Address You Have Conducted Business From:_____

_____

Do You Hold A State License For Any Profession Or Occupation?_____

Specify_____

_____

Give Three References (no relatives) Phone Number

1._____

2._____

3._____

*Copy of Contract for Sale of Liquor License **must** accompany this application*

_____

Applicant Signature

Police Department --- Investigation Complete. Approved:_____ Denied:_____