

Pennsylvania Right To Know Act [65 P.S. §66.1-66.4] restricts dissemination of Social Security Account Numbers. The identifying information contained on this form is not considered public information. This is not a public document.

In accordance with the Federal Privacy Act of 1974, you have the right to refuse to disclose your Social Security Account Number. Such refusal will not result in a denial of any right, benefit, or privilege provided by law. Your Social Security Account Number will be used for cross-reference identification within the Liquor Control Board and among other state agencies. The Liquor Control Board is empowered by the Pennsylvania Liquor Code (47 P.S. §1-101, et seq.), to request your Social Security Account Number. This form must be filed whether or not social security numbers are disclosed.

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|--|-------------------------------------|---------------|---------------|
| 1. NAME OF LICENSEE | | LICENSE NO. | |
| 2. TRADE NAME (IF ANY) | | LID NO. | |
| 3. ADDRESS OF PREMISES | (STREET, RURAL ROUTE, P.O. BOX NO.) | (POST OFFICE) | (STATE) (ZIP) |
| 4. THE NAMES LISTED HERE MUST AGREE WITH THE INFORMATION LISTED ON THE APPLICATION FOR LICENSE OR PERMIT. COMPLETE IN DETAIL - ATTACH SEPARATE SHEET, IF NECESSARY. | | | |

| SOCIAL SECURITY NUMBER | NAMES OF ALL MEMBERS, OFFICERS, DIRECTORS, STOCK-HOLDERS, MANAGER, STEWARD, LICENSEE OR PARTNER/PARTNERSHIP | | |
|------------------------|---|-------|----------------|
| | LAST | FIRST | MIDDLE INITIAL |
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |
| F | | | |
| G | | | |
| H | | | |
| I | | | |
| J | | | |

| | | | |
|------------------------|------------------|------------------------|------------------|
| NAME OF PERSON SIGNING | | NAME OF PERSON SIGNING | |
| SIGNATURE | TITLE | SIGNATURE | TITLE |
| HOME ADDRESS | PHONE () | HOME ADDRESS | PHONE () |
| DATE SIGNED | | DATE SIGNED | |