

**TAX CERTIFICATION STATEMENT
FOR MANAGEMENT COMPANY**

(SEE INSTRUCTIONS ON REVERSE)

A completed Tax Certification Statement must be filed for a management company, as required by Section 477 of the Liquor Code. Failure to provide the requested information and/or any outstanding state income, corporation, limited liability company, limited liability partnership, sales or unemployment compensation tax obligations (including failure to file or register) will cause the license application to be rejected. If additional space is needed, please use white 8½" x 11" paper. Type or print all information requested.

1. LICENSEE (APPLICANT) NAME	2. BUSINESS PHONE NO. AREA CODE
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3. TRADE/FICTITIOUS NAME (IF ANY)

4. LICENSED ADDRESS (STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP)

5. TYPE OF APPLICATION FILED	IF A TRANSFER	6. LCB LICENSE NUMBER (IF NONE, CHECK HERE <input type="checkbox"/>)
<input type="checkbox"/> NEW <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER	<input type="checkbox"/> BUYER <input type="checkbox"/> SELLER	

7. NAME OF MANAGEMENT COMPANY

8. TYPE OF ENTITY SOLE PROPRIETOR PARTNERSHIP LIMITED LIABILITY PARTNERSHIP
 LIMITED LIABILITY COMPANY CORPORATION CLUB

9. LIST LICENSEE

NAME (PRINT)	SOCIAL SECURITY NUMBER	COMPLETE ALL BLOCKS
_ _ - _ _ _ _ _ - _	_ _ - _ _ - _ _ _ _	_ _ _ _ _ _ _ _ _

10. LIST THE FOLLOWING STATE TAX IDENTIFICATION NUMBERS (ALL ITEMS: A,B,C, AND D MUST BE COMPLETED).

A. SALES TAX LICENSE (8 DIGITS)	C. CORPORATE BOX/BUSINESS PARTNER NUMBER
_ _ - _ _ _ _ _ - _ N/A <input type="checkbox"/>	_ _ _ _ _ _ _ _ _ N/A <input type="checkbox"/>

B. EMPLOYER ID (EIN) (9 DIGITS)	D. UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER
_ _ - _ _ _ _ _ _ _ _ N/A <input type="checkbox"/>	_ _ - _ _ _ _ _ _ _ - _ N/A <input type="checkbox"/>

11. If you currently have a License, do you have employees or have you employed any employees since you filed your last renewal application? YES NO

12. **AFFIRMATION:** I swear or affirm, subject to the penalties provided by 18 Pa. C.S. §4904, and 47 P.S. §403(h) and/or 4-436(j) and/or §7-704, that all information required herein has been provided, and with respect to all State taxes to which applicant mangement company is subject, all tax reports have been filed, **and** all State taxes have been paid, or are subject to a timely administrative or judicial appeal, or are subject to a duly approved deferred payment plan.

SIGNATURE TITLE DATE

SECTION 477 OF THE LIQUOR CODE REQUIRES THE BOARD NOT TO APPROVE ANY APPLICATION FOR A GRANT OR RENEWAL OR TRANSFER OF A LICENSE WHERE THE MANAGEMENT COMPANY CONTRACTED BY THE LICENSEE OR APPLICANT FOR PLCB LICENSE HAS FAILED TO PROVIDE ANY OF THE INFORMATION REQUIRED (ON THE REVERSE), OR HAS FAILED TO FILE REQUIRED STATE TAX REPORTS OR TO PAY CERTAIN STATE TAXES. IF A TRANSFER APPLICATION, THE TERM "APPLICANT" INCLUDES ANY MANAGEMENT COMPANY CONTRACTED BY EITHER THE TRANSFEROR AND TRANSFEREE. ALL MANAGEMENT COMPANIES ARE REQUIRED TO FILE THE TAX CERTIFICATION STATEMENT.

- INSTRUCTIONS -

EACH AND EVERY ITEM MUST HAVE AN ENTRY!!

PRINT OR TYPE ALL INFORMATION REQUESTED

1. **LICENSEE NAME:** List full exact name as it now appears on license if you are filing this with a transfer of the license. If you are a new applicant for license, or a transferee of an existing license, list the ownership name, i.e., sole proprietor, corporation, etc.
2. **BUSINESS PHONE:** Include area code in the number.
3. **TRADE/FICTITIOUS NAME (if any):** If you are a new license applicant or a transferor or a transferee of an existing license, list your full exact trade name or registered fictitious name as shown on your application. Do not list a fictitious name unless it is registered with the Pennsylvania Department of State.
4. **LICENSED ADDRESS, ETC.:** If you are a new applicant for license, or a transferee of an existing license, list full exact address of proposed premises as shown on your application.
5. **TYPE OF APPLICATION FILED:** (Self-explanatory).
6. **LCB LICENSE NUMBER (If "none," so state):** If this is being filed with transfer refer to current license; **NUMBER IS ABOVE NAME AT TOP LEFT OF LICENSE.** If new applicant, insert "NONE".
7. **LIST THE NAME OF THE MANAGEMENT COMPANY.**
8. **TYPE OF ENTITY:** For management company.
9. **LIST LICENSEE:** If management company is sole proprietor. Note Names entered **MUST** have a Social Security number.
10. **LIST TAX ID/ACCOUNT NUMBERS FOR MANAGEMENT COMPANY:** These number(s) are shown on the respective licenses/permits issued by the Pennsylvania Department of Revenue or on Quarterly Tax Form UC-2 issued by the Pennsylvania Department of Labor and Industry. Registering and electronic filing of returns and payment information can be found by visiting PA Department of Revenue website (www.revenue.state.pa.us).
 - 10A. Sales Tax Number is issued by the Pennsylvania Department of Revenue, Sales Tax Division.
 - 10B. EIN Tax Number is issued by the Federal Government. NOTE: If you do not have this number, you should contact the Federal Government to secure a number and then register this number with the Pennsylvania Department of Revenue, Employer Withholding Division. If you have an EIN number but no employees, please indicate by checking the N/A box.
 - 10C. The Corporate Box Or Business Partner Number is issued by the Pennsylvania Department of Revenue, Bureau of Corporation Taxes.
 - 10D. The Unemployment Compensation Account Number is issued by the Pennsylvania Department of Labor and Industry, Bureau of Employer Tax Operations.

ALL four items (A, B, C, and D) under Question No. 10 must be completed with a number, or by checking either the block "**N/A**" which means "**NOT APPLICABLE.**" Any tax ID line that is blank will cause a delay in the processing of your license application.
11. (Self-explanatory)
12. **AFFIRMATION:** Be certain to affix your signature, title and date. It is required that the Tax Certification Statement be signed by the proprietor, partner, or responsible corporate officer.

A THOROUGH ITEM BY ITEM REVIEW OF THIS FORM SHOULD BE MADE PRIOR TO SIGNING AND PLACING IN THE MAIL. FAILURE TO ANSWER ALL QUESTIONS COMPLETELY ON THIS FORM WILL CAUSE YOUR LICENSE APPLICATION TO BE REJECTED.