



APPLICATION | ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE

** All signatures must be witnessed by an ABC employee or notarized in accordance with laws of American Samoa where signed.*

APPLICATION FOR (Check one)

- Beer Importer Beer Tavern Other _____
 Beer Vendor Alcoholic Beverage Vendor

APPLICANT(S) CONTACT INFORMATION

EMAIL ADDRESS _____

PHONE NUMBER(S) _____

1. IF INDIVIDUALLY OWNED, THE OWNER MUST BE THE APPLICANT
2. IF IT'S A PARTNERSHIP, ONE OF THE PARTNERS MUST APPLY
3. IF IT'S A CORPORATION AN OFFICER OR DIRECTOR MUST APPLY

APPLICANT(S) NAME (Last, First, Middle)

APPLICANT(S) ADDRESS (Village/P.O. Box, city, state, zip code)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (If yes, please state the Nature of the Offense and when it occurred)

NAME OF BUSINESS

OWNERSHIP TYPE (Check one)

- Sole Owner Corporation
 Partnership Other _____

PLACE NAME OF INDIVIDUAL OWNER, PARTNERS, OR CORPORATION OFFICERS & DIRECTORS

BUSINESS ADDRESS (Village/P.O. Box, city, state, zip code)

PHYSICAL LOCATION

APPLICANT'S CERTIFICATION

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He/She is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf. He/She understands that if failure to qualify for the licenser withdraw this application, the application fee shall be non-refundable.

APPLICANT'S PRINTED NAME (Last, first, middle)

SIGNATURE

DATE SIGNED

X

FOR GOVERNMENT USE ONLY

NOTE: Any ASG department/agency reviewing this application should sign & indicate their approval or denial. Upon completion, the applicant should present all documents to the ABC Board for final review:

1. BUILDING INSPECTOR: STRUCTURE & LOCATION

APPROVED | DECLINED

SIGNATURE

DATE SIGNED

X

CONDITIONS:

2. COMMISSIONER OF PUBLIC SAFETY - POLICE RECORD

APPROVED | DECLINED

SIGNATURE

DATE SIGNED

X

CONDITIONS:

3. FIRE CHIEF - CERTIFICATION SAFETY REQUIREMENTS

APPROVED | DECLINED

SIGNATURE

DATE SIGNED

X

CONDITIONS:



APPLICATION | ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE

FOR GOVERNMENT USE ONLY (continued)

NOTE: Any ASG department/agency reviewing this application should sign & indicate their approval or denial. Upon completion, the applicant should present all documents to the ABC Board for final review:

NAME OF BUSINESS	DATE
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4. PUBLIC HEALTH - SANITARY & HEALTH REQUIREMENTS

APPROVED DECLINED	SIGNATURE X	DATE SIGNED
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CONDITIONS:

5. VILLAGE PULENU'U/MAYOR - VILLAGE APPROVAL

APPROVED DECLINED	SIGNATURE X	DATE SIGNED
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CONDITIONS:

ACTION OF ALCOHOLIC BEVERAGE CONTROL BOARD

The Alcoholic Beverage Control (ABC) Board met on the _____, day of _____, 20____ and [] Approved [] Disapproved the forgoing application for the following reasons:

The ABC Application is hereby by for:

on this _____ day of _____, 20_____.

Seal

Chairman, Alcoholic Beverage Control Board