

# Transfer Request for Alcohol Distribution License

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Licensing Authority Name]

[Licensing Authority Address]

[City, State, Zip Code]

Dear [Licensing Authority Name],

I am writing to formally request the transfer of my alcohol distribution license, currently held under the name [Current License Holder's Name], to my business, [Your Business Name], located at [Business Address].

The details of the current license are as follows:

- License Number: [Current License Number]
- Type of License: [License Type]
- Expiration Date: [Expiration Date]

The reason for this transfer is [brief explanation of reason for transfer]. I have enclosed all necessary documentation for your review, including the completed transfer application, proof of my business registration, and any other required forms.

I appreciate your prompt attention to this matter and look forward to your positive response. Should you require any additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Position, if applicable]

[Your Business Name]