

BYOB PERMIT APPLICATION

DATE: _____

COPY OF ORDINANCE #10-11 GIVEN TO _____

BUSINESS NAME: _____

ADDRESS: _____

OWNERS NAME: _____

TELEPHONE NUMBER: _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S APPROVAL LETTER: _____

PROPERTY OWNER'S PHONE NUMBERS: _____

OCCUPANCY NUMBER: _____ **NUMBER OF TABLES:** _____

HOURS OF OPERATION: _____

BUSINESS PLAN ATTACHED: () YES () NO

CERTIFICATE OF INSURANCE ATTACHED: () YES () NO

COPY OF LEASE ATTACHED: () YES () NO

FIRE SAFETY APPLICATION ATTACHED: () YES () NO

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NEW PERMIT: _____ **RENEWAL OF PERMIT:** _____

EFFECTIVE DATE: _____

BUSINESS AREA TO BE PERMITTED:

BASEMENT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ALL OF IT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1ST FLOOR:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ALL OF IT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2ND FLOOR:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ALL OF IT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3RD FLOOR:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ALL OF IT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REAR YARD:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ALL OF IT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPROVED BY CODE ENFORCEMENT: _____

APPROVED BY PUBLIC SAFETY: _____

APPROVED BY FIRE PREVENTION: _____

APPROVED BY CONSTRUCTION OFFICIAL: _____

APPROVED BY TOWN CLERK: _____

MAYOR AND COUNCIL APPROVAL: YES NO

RESOLUTION NO. _____

DATE: _____

APPLICANT SIGNATURE: _____

DATE: _____

