

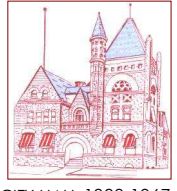


CITY OF WEST HAVEN, CONNECTICUT

Planning and Development Department

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CITY HALL 1898-1967

APPLICATION FOR LIQUOR PERMIT

(SUPPLEMENT TO SPECIAL PERMIT APPLICATION)

1. LOCATION OF PROPERTY:

STREET ADDRESS

TAX MAP PARCEL

ZONING DISTRICT

4. NAME OF APPLICANT/ADDRESS OF APPLICANT: _____

6. NAME OF OWNER/ ADDRESS OF OWNER: _____

6. TYPE OF PERMIT

- ☐ PACKAGE PERMIT
- ☐ SPECIAL LIQUOR PERMIT
 - ☐ CAFÉ
 - ☐ TAVERN
- ☐ RESTAURANT PERMIT
- ☐ CLUB PERMIT

7. PACKAGE PERMIT AND SPECIAL LIQUOR PERMIT RESTRICTIONS (*Application should include map or statement by Licensed Surveyor attesting to the following information*):

NEAREST LIQUOR LICENSE (IN FEET—FRONT DOOR TO FRONT DOOR) _____ FT.

NEAREST SCHOOL _____ FT NEAREST PLAYGROUND _____ FT

NEAREST PLACE OF WORSHIP _____ FT NEAREST LIBRARY _____ FT

8. IF APPLICABLE, HOW LONG HAS THE BUILDING BEEN VACANT? _____

9. IS THERE AN EXISTING PERMIT FOR THE BUILDING? _____ PERMIT # _____

PERMIT EXPIRATION DATE _____

Revised 12/13/17

APPLICANT FOR ON-PREMISES LIQUOR PERMIT

PAGE TWO

10. WAS A VARIANCE GRANTED FOR THE USE? _____ VARIANCE # _____
DATE OF VARIANCE _____ ENCLOSE A COPY OF THE RECORDED VARIANCE
11. FOR RESTAURANT OR CLUB PERMITS ONLY
EXISTING _____ PROPOSED _____ NUMBER OF SEATS _____
NUMBER OF OUTDOOR DINING SPACES _____ NUMBER OF PARKING SPACES _____
- A. PROVIDE A **SCALED INTERIOR FLOOR PLAN** SHOWING SEATING, ARANGEMENT OF TABLES, KITCHEN, BAR, RESTROOMS, ETC.)
- B. ENTERTAINMENT: Applicant should provide a statement regarding any proposed entertainment or music at this location and indicate how that would adjust floor plans provided.
12. SIGNATURE OF APPLICANT _____ DATE _____
13. SIGNATURE OF OWNER INDICATING APPROVAL OF THE APPLICATION

NOTE:

Should any information that is submitted found not to be true and correct, or such that information has not been fully disclosed to the Commission, the Planning and Zoning Commission reserves the right to revoke any permit.