



## Questionnaire for New Liquor Licenses

Which type of license are you seeking?    Packaged Goods    Tavern    Incidental

Name of Business (DBA):

Address:

Phone #:

Website:

Description of Business:

Owner's Name:

Phone #:

Email:

Home Address:

Background/Qualifications:

Why are you seeking a liquor license?

Do you or any affiliated entity hold a liquor license in the city? If so, please list up to 5.

Have you or any affiliated entity been cited for one or more liquor license violations in the past 10 years? If so, please provide a short description of each citation and the resolution.

Please list any businesses and addresses within two blocks of your location which appear to hold licenses comparable to the one for which you are applying (e.g. another liquor store).

What is your concept? How does a liquor license fit in to your concept?

What are your anticipated hours of operation? What will be the maximum occupancy of your business? If taking over a space, are you changing the hours or physical layout? Please attach a draft floor plan showing layout to this questionnaire.

How will your business alter the surrounding community? Any negative impact?

Have you done any outreach to the community? If so, how?

If any problems arise, how should neighbors let you know?

My signature below certifies that the information provided in this form is true to the best of my knowledge. Should any information change, I will contact the 47<sup>th</sup> Ward Office.

Signature:

Date: