

CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
 990 SPRING GARDEN STREET, 3RD FLOOR
 PHILADELPHIA, PA 19123

APPLICATION NO.:

To be completed by Clerk only:

COUNCIL DISTRICT:

POLICE DISTRICT:

**Application For Approval of Permit
 to Sell Malt or Brewed Beverages
 for Consumption Off the Premises**

To be completed by Clerk only:

DATE OF APPLICATION:

LAST DAY TO FILE PROTEST:

90TH DAY:

APPLICATION FEE: \$300
 MUST BE PAID BY CERTIFIED OR CASHIER'S CHECK OR
 MONEY ORDER ONLY - MADE PAYABLE TO
 "CITY OF PHILADELPHIA"

PLEASE TYPE OR PRINT CLEARLY

I, _____ AS INDIVIDUAL OWNER PARTNER OFFICER
 FOR AND ON BEHALF OF _____ (SELF, NAME OF PARTNERSHIP, OR CORPORATION)
 HEREBY APPLY FOR APPROVAL OF A PERMIT TO SELL MALT OR BREWED BEVERAGES FOR CONSUMPTION OFF THE PREMISES TO BE LOCATED
 AT _____
 PHILADELPHIA, PENNSYLVANIA ZIP CODE _____ IN ACCORDANCE WITH THE PROVISIONS OF ACT 39 OF 2005 AND ACT 155 OF 2006.

TRADE NAME OF ESTABLISHMENT:	BUSINESS TELEPHONE NUMBER:
PROVIDE PHILADELPHIA BUSINESS PRIVILEGE LICENSE NUMBER:	PROVIDE PENNSYLVANIA LIQUOR CONTROL BOARD LICENSE NUMBER:

IF A CORPORATION, LIST NAME, TITLE, OFFICE OR POSITION, AND THE SHARES OF STOCK FOR ALL OFFICERS AND DIRECTORS AND LIST ALL OTHER SHAREHOLDERS WITH OWNERSHIP INTEREST OF 5% OR MORE. IF A PARTNERSHIP, LIST NAME, TITLE, OFFICE OR POSITION AND PERCENT OF OWNERSHIP FOR ALL PARTNERS

NAME	TITLE, OFFICE, OR POSITION	SHARES HELD OR PERCENT OWNERSHIP

LIST NAME, HOME ADDRESS AND TELEPHONE NUMBER FOR MANAGER OF PREMISES

MANAGER'S NAME	TELEPHONE NUMBER
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MANAGER'S HOME ADDRESS

OWNER OF BUILDING OR LAND WHERE THE ESTABLISHMENT IS LOCATED

NAME:	TELEPHONE NUMBER:
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ADDRESS:

ON WHAT FLOOR IS THE ESTABLISHMENT LOCATED?

ARE ALL CITY BUSINESS AND WAGE TAXES FOR THIS ESTABLISHMENT PAID IN FULL OR HAS APPLICANT ENTERED INTO A PAYMENT AGREEMENT? YES NO

DOES THE PREMISES HAVE A VALID ZONING PERMIT OR ZONING BOARD OF ADJUSTMENT CERTIFICATE FOR THE USE OF TAKE-OUT RESTAURANT? YES NO

IF YES, PLEASE ATTACH A COPY OF THE PERMIT OR CERTIFICATE - IF NO, PLEASE CITE THE LEGAL BASIS FOR THE LACK OF A CERTIFICATE:

DOES THE PROPERTY MEET ALL HEALTH CODES AND FOOD LICENSE REQUIREMENTS? YES NO

ARE THE SALES TAXES FOR THIS ESTABLISHMENT PAID IN FULL? YES NO

ARE THE REAL ESTATE TAXES FOR THE PREMISES PAID IN FULL? YES NO

IF NO, DO YOU HAVE A CURRENT AGREEMENT WITH THE CITY? YES NO

ARE THE USE AND OCCUPANCY TAXES FOR THIS PREMISES PAID IN FULL? YES NO

DO YOU AGREE TO GIVE THE HEARING EXAMINER OR BOARD A COPY OF THE LEASE, IF ANY, FOR THE PREMISES DESCRIBED IN THIS APPLICATION, AS WELL AS ANY OTHER PERTINENT FINANCIAL INFORMATION UPON REQUEST? YES NO

I hereby certify that I will comply with all the laws of the Commonwealth of Pennsylvania and the City of Philadelphia governing the taxation and sale of malt or brewed beverages for consumption off the premises. I further affirm that if an inspection determines that I have failed to properly post the premises with the poster provided by the Clerk, for the entire duration of the posting period, my application will be rejected, the 90 day period for action shall cease to run, I will be required to refile my application, with a \$50.00 additional fee and a new 90 day period will commence. I further certify that I have read and understood every question in this application, and that the answer to every question is true to the best of my own knowledge, information and belief. I further certify that I understand that this statement is made subject to the penalties of 18 PA.C.S.A. §4904 relating to unsworn falsification to authorities.

SIGNATURE OF APPLICANT _____

FOR AND ON BEHALF OF _____ DATE: _____