

POTTER TOWNSHIP

124 Short Road Spring Mills, Pennsylvania 16875

Phone: (814) 364-9176 Fax: (814) 364-2809

www.pottertownship.org

APPLICATION FOR LIQUOR LICENSE TRANSFER & PUBLIC HEARING

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS SHALL RESULT IN THE APPLICATION BEING DENIED.

Application Date: _____ Initial Filing Fee Due on Submission: **\$1,500.00**

***In addition to this application, please provide the following items:*

- A copy of the completed application required by the Pennsylvania Liquor Control Board including, but not limited to, the applicant’s criminal history and any liquor control board violations
- A letter from the Township Zoning Administrator that the intended use and location satisfies the Township Zoning Ordinance.
- Any conditions that were placed on previous liquor licenses from previous locations

APPLICANT’S INFORMATION

For the purpose of the application, “applicants” shall refer to every individual and/or corporation that will have interest in the licensed establishment:

Applicant/Licensee: _____

Trade Name (if any) _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Email: _____

Pennsylvania Liquor Control License Number: _____

Current Owner of Liquor License: _____

OWNERSHIP INFORMATION

List every individual and/or corporation having and ownership in the business in which the liquor license will be located (us additional page if necessary):

1. Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

2. Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

3. Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

PROPERTY INFORMATION

Proposed Location within Potter Township

Property Owner Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Tax Parcel Number 20-_____-_____-_____ Zoning District: _____

Description of the property in which the applicant intends to establish within Potter Township:

Days and Hours of Operation: _____

Date of proposed location or relocation of liquor license to Potter Township: _____

Number of existing liquor licenses maintained by the applicant:

Does this business/establishment require an Amusement Permit _____ in Potter Township: Yes
or No

List of churches, schools, or other public facilities within 300' of the location:

Names, address, and tax parcel numbers of the property owners of all adjoining properties to the proposed location of the liquor license within Potter Township (use additional paper if necessary):

1. Property Owner: _____ Tax Parcel Number: _____
Address: _____ City: _____ State: _____ Zip: _____

2. Property Owner: _____ Tax Parcel Number: _____
Address: _____ City: _____ State: _____ Zip: _____

3. Property Owner: _____ Tax Parcel Number: _____
Address: _____ City: _____ State: _____ Zip: _____

Upon receipt, this application will be reviewed for completion of information and required attachments. Complete applications will be processed through the Potter Township Board of Supervisors per Potter Code Chapter 70 (enclosed). The Zoning Administrator will coordinate the Public Hearing date with the applicant or designated contact.

Applicant Signature: _____ Print Applicant Name: _____

Designated Contact: _____ Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Application Approval or Denied: _____ Date: _____