



**BOROUGH OF KUTZTOWN**  
**COMMUNITY DEVELOPMENT OFFICE**  
**324 WEST MAIN STREET**      **PHONE: 610-683-3290**  
**KUTZTOWN, PA 19530-1606**      **FAX: 610-683-3537**

**APPLICATION FOR BYOB CLUB LICENSE**

Location of establishment (Property Address): \_\_\_\_\_

Name of establishment: \_\_\_\_\_

Establishment's type of business organization:    ☐ Individual    ☐ Partnership    ☐ Corporation    ☐ Foreign Corporation  
(complete the corresponding block below)

|                         |  |     |     |     |
|-------------------------|--|-----|-----|-----|
| APPLICANT'S INFORMATION | <b>INDIVIDUAL</b>  |     |     |     |
|                         | Name   |     |     |     |
|                         | Home Address   |     |     |     |
|                         | Phone Number   | (w) | (h) | (c) |
|                         | <b>PARTNERSHIP</b> (attach a separate list of all additional partners names, along with their home and business addresses and phone numbers)   |     |     |     |
|                         | Name   |     |     |     |
|                         | Home Address   |     |     |     |
|                         | Business Address   |     |     |     |
|                         | Phone Number   | (w) | (h) | (c) |
|                         | <b>CORPORATION/FOREIGN CORPORATION</b> (attach a separate list of all persons who own at least 10% of the stock of the corporation, along with their home address and phone numbers) |     |     |     |
|                         | Name   |     |     |     |
|                         | Business Address   |     |     |     |
|                         | Phone Number   | (w) | (h) | (c) |
|                         | If this is a foreign corporation, please provide proof that you are authorized to do business in the State of Pennsylvania.  |     |     |     |

|   |              |     |     |     |
|---|--------------|-----|-----|-----|
| <b>BUSINESS MANAGER'S INFORMATION</b> (attach a separate list of all additional business managers names, along with their home address and phone numbers) |              |     |     |     |
|   | Name         |     |     |     |
|   | Home Address |     |     |     |
|   | Phone Number | (w) | (h) | (c) |

|                                     |              |     |     |     |
|-------------------------------------|--------------|-----|-----|-----|
| <b>PROPERTY OWNER'S INFORMATION</b> |              |     |     |     |
|                                     | Name         |     |     |     |
|                                     | Home Address |     |     |     |
|                                     | Phone Number | (w) | (h) | (c) |

\*I/we certify that the information indicated on this Application is accurate. I/we have read and agree to comply with the applicable provisions of the Code of the Borough of Kutztown, and acknowledge the BYOB License is subject to revocation for violation of Chapter 62 of the Code of the Borough of Kutztown. (ALL APPLICANTS MUST SIGN THIS CERTIFICATION – SEE REVERSE SIDE.)

\_\_\_\_\_      **Print Name**      \_\_\_\_\_      **Signature\***      \_\_\_\_\_      **Date**

\*\* I/we certify to be the legal owner of the above property and acknowledge the applicant's pursuit in obtaining a BYOB License for their business located upon this property.

\_\_\_\_\_      **Print Name**      \_\_\_\_\_      **Signature\*\***      \_\_\_\_\_      **Date**

**INCOMPLETE APPLICATION SHALL BE RETURNED.**

**DO NOT WRITE BELOW THIS LINE**

|                                  |  |            |                |
|----------------------------------|--|------------|----------------|
| Application Fee \$ <u>150.00</u> | <input type="checkbox"/> Credit Card   |            |                |
|                                  | <input type="checkbox"/> Cash          | Date _____ | Received _____ |
|                                  | <input type="checkbox"/> Check # _____ | Paid _____ | By _____       |

## Additional Applicants' Certifications:

\*I/we certify that the information indicated on this Application is accurate. I/we have read and agree to comply with the applicable provisions of the Code of the Borough of Kutztown, and acknowledge the BYOB License is subject to revocation for violation of Chapter 62 of the Code of the Borough of Kutztown. (ALL APPLICANTS MUST SIGN THIS CERTIFICATION.)

Print Name

Signature\*

Date

| Print Name | Signature* | Date  |
|------------|------------|-------|
| _____      | _____      | _____ |
| _____      | _____      | _____ |
| _____      | _____      | _____ |
| _____      | _____      | _____ |
| _____      | _____      | _____ |
| _____      | _____      | _____ |
| _____      | _____      | _____ |
| _____      | _____      | _____ |
| _____      | _____      | _____ |

## Application for BYOB License - For Office Use Only

Location \_\_\_\_\_ PIN \_\_\_\_\_

Checklist

|  | <i>Received</i>          |                          | <u>Conforming</u>        | <u>Nonconforming</u>     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <u>Yes</u>               | <u>No</u>                |                          |                          |
| Property Taxes & Assessments Certification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utilities Certification for Premises       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of Insurance                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| COMMENTS    |   |              |             |
|-------------|---|--------------|-------------|
| Item Number | Description   | Code Section | Dept. ✓ off |
| 1.          | Placard and/or License shall be prominently displayed at the premises at all times. | 62-16.B & C  |             |
|             |   |              |             |
|             |   |              |             |
|             |   |              |             |
|             |   |              |             |
|             |   |              |             |
|             |   |              |             |

Reviewed for compliance with Chapter 62 "BYOB Clubs" and 225 "Zoning" of the Code of the Borough of Kutztown.

☐ Approved☐ Approved as noted☐ Not Approved;Appeal Notice Issued ☐ Yes ☐ NoRejection Notice Issued ☐ Yes ☐ No

By \_\_\_\_\_ Date \_\_\_\_\_

☐ **THE UNDERSIGNED HEREBY ACKNOWLEDGES AND ACCEPTS THE CONDITIONS OF APPROVAL AS NOTED ABOVE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

License Number \_\_\_\_\_

THIS LICENSE MAY BE APPEALED BY ANY AGGRIEVED PARTY WITHIN THIRTY (30) DAYS OF APPROVAL AND ISSUANCE.