



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	INDIVIDUAL			
	Name			
	Home Address			
	Phone Number	(w)	(h)	(c)
	PARTNERSHIP (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)
	CORPORATION/FOREIGN CORPORATION (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.			

BUSINESS MANAGER'S INFORMATION (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)

PROPERTY OWNER'S INFORMATION			
	Name		
	Home Address		
	Phone Number	(w)	(h)

*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>50.00</u>	Credit Card		
	Cash	Date	Received
	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

Application for BYOB License - For Office Use Only

Location _____ PIN _____

<u>Checklist</u>	<u>Received</u> <u>Yes</u> <u>No</u>	<u>Conforming</u>	<u>Nonconforming</u>
Property Taxes & Assessments Certification			
Utilities Certification for Premises			
Proof of Insurance			

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 No
Rejection Notice Issued Yes No

By _____ Date _____

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

Signature _____

Date _____

License Number _____