BOROUGH OF SEWICKLEY

APPLICATION FOR TRANSFER OF RETAIL LIQUOR LICENSE

Name of Applicant (Transferee) _____

_____

Address of Applicant _____

_____

Block and Lot No. _____

Location of premises proposed to be listed _____

_____

Current use of premises _____

_____

Name of Transferor _____

_____

Address of Transferor _____

_____

Location of premises currently licensed _____

_____

Type of license _____

License Number _____

The attached information is a part of the Application and must be completed by the Applicant.

_____

Signature of Applicant

BOROUGH OF SEWICKLEY

APPLICATION INFORMATION

1. What is the anticipated date of proposed transfer?

   _____

2. What are the names and addresses of individuals and all entities having any interest in the license proposed and operation at Applicant's premises? (Use additional sheets, if required.)

   _____

   _____

3. What are the names and addresses of individuals designated as the Manager of Applicant's premises?

   _____

   _____

4. Provide a description of premises to which license is to be transferred. (i.e. gross square footage of facility, square footage of kitchen and service area, square footage of seating area, seating capacity, number of parking spaces).

   _____

   _____

   _____

   _____

   _____

5. Does Applicant propose to increase the seating capacity?

   _____

6. Does Applicant propose to add a bar at which alcoholic beverages will be served?

   _____

   _____

7. Does the Applicant have a food carryout service and is a beverage carryout service proposed?

   _____

8. What are Applicant's present hours of operation and does Applicant propose to extend the hours?

_____

9. Does Applicant have any experience operating a licensed establishment?

_____

10. Does Applicant or any person or entity having an interest in Applicant own or have an interest in any other licensed establishment?

_____

_____

11. If the answer to Nos. 9 and 10 is yes, has the Pennsylvania Liquor Control Board ever brought any enforcement, suspension or revocation actions against the Applicant or any licensed establishment in which the Applicant has or had any ownership interest?

_____

_____

12. Has Applicant previously permitted patrons to bring their own bottles?

_____

13. Has Applicant had any experience with unruly or disruptive patrons?

_____

_____

14. Of Applicant's anticipated gross sales, what percentage do you anticipate will represent sales of food and what percentage will represent sales of alcoholic beverages?

_____

_____

15. Does Applicant propose to make any additions to the premises or nay interior or exterior modifications?

_____

_____

16. **How many employees does Applicant now have?**

_____

17. **With the addition of the license, will Applicant be adding any additional employees?**

_____

_____ _____

Date **Signature of Applicant**

FEE: **$500.00**

Paid On: _____

Paid By: _____

_____

Name and address of owners of property within a distance of at least five hundred (500) feet from the exterior limits of the property involved in this application as shown by the latest tax parcel block and lot numbers of the Allegheny county assessment book:

NAME	BLOCK AND LOT	ADDRESS