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)	(c)

PROPERTY OWNER'S INFORMATION				
	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 $ 150.00

☐ Credit Card
☐ Cash Date Received
☐ Check #_____ Paid_____ By _____

Application for BYOB License

05/03/12

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 _____

Checklist

	Received			
	Yes	*No*	*Conforming*	*Nonconforming*
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

By_____ Date_____ Rejection Notice Issued ☐ Yes ☐ No

☐ **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.