

INDICATE TYPE OF APPLICATION:	LICENSE TYPE:
<input type="radio"/> \$100.00 Original Application <input type="radio"/> \$75.00 Change of Ownership <input type="radio"/> \$75.00 Change of Location <input type="radio"/> \$75.00 Change of Privilege <input type="radio"/> \$35.00 Temporary <input type="radio"/> \$35.00 Renewal	<input type="radio"/> Full on-premises sales <input type="radio"/> Limited on-premises sales <input type="radio"/> Off-Premises sales <input type="radio"/> Temporary sales licenses <input type="radio"/> Brew Public House <input type="radio"/> Other:

BUSINESS INFORMATION:	
Business Name:	_____
DBA Name:	_____
Business Address:	_____
Address of Sales Location:	_____
Cornelius Business License #:	<i>Note: Business License business name must match information above.</i>

APPLICANT INFORMATION:	
Full Name (Printed):	Date of Birth:
Home Address:	_____
Driver License or ID Number:	State Issued:
Telephone:	Email Address:
<i>Note: If applicant is a corporation, list name and address of home offices.</i>	

CO-APPLICANT INFORMATION:	
Full Name (Printed):	Date of Birth:
Home Address:	_____
Driver License or ID Number:	State Issued:
Telephone:	Email Address:
<i>Note: If there is more than one co-applicant, please provide complete information in an attachment, as necessary.</i>	

I hereby attest that the information provided above, and attached, is true and accurate to the best of my knowledge. It is understood that the City may request additional or supplemental information during the course of processing this application.

Signature Date

FOR OFFICE USE	
Date:	Application Fee: \$
Receipt #:	Received By:
Admin Signature:	
FOR POLICE USE	
Comments:	
Signature:	Date:

Liquor License Application - Supplemental

NOTE: THIS SECTIONS IS FOR NEW APPLICATIONS, CHANGE OF OWNERSHIP, CHANGE OF LOCATION, CHANGE OF CLASS OF LICENSE, AND TEMPORARY LICENSE.

Describe in detail the nature of the establishment you propose to operate. For example, whether your facility is going to be a tavern, family dining establishment, neighborhood grocery store, community shopping center, or special retail outlet.

Days and Hours of Operations:

Ratio of Projected Food Sales to Alcohol Sales:

Service Capacity (i.e. maximum number of customers that can be accommodated at any given time):

Previous business names and addresses where you have ever been licensed:

Have you ever been issued a liquor license? YES NO

If yes, describe the nature and location of the outlet (s), the type of license, and the dates during which the license was held:

Has the applicant ever been cited or had a compliance plan in effect for a liquor license? YES NO

If yes, describe the nature of the license, location of the proposed outlet, date of the citation, and reasons for the citation:

NOTE: THIS SECTION IS FOR SPECIAL EVENTS WITH A TEMPORARY SALES LICENSES.

Primary contact during event:

Phone #:

Will there be private security during the event?

Name of security company:

Will Security be clearly marked?

How Many:

Will security be checking bags before patrons are allowed to enter the event?

Will patrons be allowed to leave and re-enter the event?

How many bar stations, with servers, will be on-site?

List types of beverages that will be served (beer, wine, etc.):

Describe your plan to check IDs:

Describe how you will be monitoring to ensure there is no "over serving:"