Building and Planning Department 2400 Byberry Road • Bensalem, PA 19020 Office 215-633-3644 • Fax 215-633-3753

APPLICATION FOR INTER-MUNICIPAL TRANSFER OR ECONOMIC DEVELOPMENT LIQUOR LICENSE(S)

The following information is to be provided by the Applicant along with the completed application for an Economic Development liquor license or for the transfer of a liquor license from outside Bensalem Township.

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Please pla	ice a check in the box indicating completion of each	ch task.		
1.	A copy of the deed, the agreement of sale, and/o	or the lease for the subject p	property as applicable.	
2.	A sketch plan of the property identifying the exist	ting and proposed improven	nents.	
3.	restaurant area, kitchen, bathrooms, outdoor pat	he interior of the building/facility identifying the locations and dimensions of the bar area, area, kitchen, bathrooms, outdoor patron areas, and storage areas as applicable.		
4.	including, but not limited to, the location of the ba	n identifying the proposed layout of the bar area, restaurant area, and/or outdoor patron areas but not limited to, the location of the bar(s), tables, chairs, stools, dance floor(s), stage(s), other areas to which the public will have access as applicable.		
5.	Completed application form.			
	TYPE OF LICENSE FOR WI	IICH YOU ARE APPL	YING	
	Inter-Municipal Transfer	Economic De	velopment License	
<u> </u>	LOCATION OF THE PROPERTY FOR	WHICH THE LICENS	SE IS SOUGHT	
Address:				
Tax Parce	el Number:			
	APPLICANT IN	FORMATION		
If the	e applicant(s) is an individual (or individuals), com	plete Section A . If the appl	icant(s) is a corporation,	
	partnership and/or any entity other tha	n an individual, complete S e	ection B.	
A. <u>Ir</u>	ndividual Applicant(s)			
Name:				
Address:				
City:		State:	ZIP:	
Phone No	D.:	Fax Number:		
Type of B	Business:			
Type of lie	cense for which you are applying:			
E-Mail Ad	ldress:			
B. C	Corporate, Partnership and/or Other Applic	ant(s)		
Corporate	e/Partnership/Entity Name:			
Address:				
City:		0	ZIP:	
	o.:			
	ldrace.			
	ncorporation and/or registration of the applicant:			
	corporation and/or registration of the applicant:			



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List the name, address. Telephone number, fax number and e-mail addresses of each and every owner.

Director, officer and equity owner of the Applicant(s) below:

<u>Name</u>	<u>Address</u>	Telephone No.	Fax No.	E-Mail Address
OWN	ER OF PROPERTY	TO BE LICENS	ED (if not applicant	<i>t</i>)
If the Owner(s) of the of the subject property is a continuous continuous of the subject property is a continuous continu	e subject property is an indicorporation, partnership and			
A. Individual Owner(s)				
Name:		-	Telephone No.: _	
Address:				
E-Mail Address:				
B. Corporate, Partne	rship and/or Other Ow	ner(s)		
Corporate/Partnership/Entity	Name:			
Address:				
	Address:			
Fax Number:				
E-Mail Address:				
State of incorporation and/or registration of Owner:				
·	_	Date		
Date of incorporation and/or	• ,			
<u>Name</u>		elephone No:	Fax No:	E-Mail Address
APPL	ICANT'S OWNERSHIP	INTERESTS IN T	HE PROPERTY	
	ner of the property to be lic		pplicant, describe t	

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BENSALEM TOWNSHIP

APPLICANT AND/OR OWNER INTERESTS IN OTHER PROPERTIES

Please provide a list of all other properties and/or businesses owned and/or operated by the Applicant and/or the owners, equity owners, directors and/or officers of the Applicant, that have, at any time, been issued or held liquor licenses. For each such property or business, state the name, address, telephone number, fax number, e-mail address and tax parcel number of each such property or business, together with the liquor license number of each and every license issued to each such property, business owner, equity owner, director, officer and/or the applicant.

Name:		
Address:		
City:	~	Zip:
Telephone No:		
E Mail Address:		
Liquor License No:		
Name:		
Address:		
City:		Zip:
Telephone No:		
E-Mail Address:		
Liquor License No:		
Name:		
Address:		
City:	State:	Zip:
Telephone No:	Fax Number:	
F Mail Address:		
Liquor License No:		
USE SEPARATE SHE	ET IF ADDITIONAL SPACE IS NE	EDED
Has the Applicant and/or the owners, equiconvicted of, and/or received citations Pennsylvania Controlled Substance, Dru Pennsylvania Criminal Code?	for any violations of the Penns g, Devise & Cosmetic Act, and/	ylvania Liquor Code, the
If yes, identify to whom each such citation and location at which the violation occurre violated, court agency before which the imposed for each such citation and/or convergence.	ed, nature of the violation, the statu violation was adjudicated, and th	te, ordinance or regulation
Nature of Violation:		
Statute:		
Violation:		
Court Agency:		
Fine and/or Punishment:		



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ATTORNEY FOR THE APPLICANT			
Attorney Name:		Telephone No:	
Address:			
City:			
E-Mail Address:			
	ATTORNEY FOR THE PROF	PERTY OWNER	
Attorney Name:Telephone No:			
Address:		Fax Number:	
City:	State:	·	Zip:
E-Mail Address:			
	TRANSFER INFORM	<u>MATION</u>	
If this is an inter-municipal transfer of a liquor license, provide the requested information for the location rom which the license is being transferred.			
Address: _			
Municipality: _			
Tax Parcel Num	nber:		
	INTENDED USE OF THE PROPER	TY AND/OR FACIL	<u>ITY</u>
Provide a	a statement of, and/or a description of, the intende Include the following info		l/or facility below.
a. Hours of C	peration		
b. Whether li	ve music or entertainment will be provided		
c. Whether d	ancing will be permitted		
 d. Whether billiards, darts, video games and/or arcade games will be available e. Whether outside facilities, including but not limited to a bar area, restaurant area, and/or athletic and/or entertainment areas will be provided. If yes, provide a description of such outdoor areas. If outdoor entertainment or dancing is to be permitted, provide a description of the intended entertainment. 			



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				171020010
DESCR	IPTION OF NEIGHBO	ORING AND NEA	RBY PROPER	TIES



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CERTIFICATION

I do hereby certify that the information submitted in this application is true and correct. I acknowledge that submission of false or inaccurate information may result in the revocation of the liquor license by the Commonwealth and the rejection of the application and/or the rejection of any and all approvals issued by Bensalem Township. I further acknowledge that the presentation of false Information may result in possible arrest, fines and imprisonment.			
Applicant's Signature	Date		
A SIGNED COPY OF THIS APPLICATION MUST BE S	SUBMITTED PRIOR TO ISSUANCE OF LICENSE		
****************	*********************		
Approval Granted	Approval Denied		
T Approximent Comments			
Bensalem Township Council			
Council Clerk Signature	Date		