

township of

Phone: 215-348-9915 • Fax: 215-348-8729
 Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

**INTER-MUNICIPAL TRANSFERS OF LIQUOR LICENSES APPLICATION
 (PLEASE PRINT)**

Street Address of Premises To Receive Liquor License:		City and State	Zip
Subdivision:	Lot Number	Parcel Number	Zoning District

Non-Refundable Filing Fee (Required with application)	\$1,000.00	Date Paid:
Refundable Escrow Account (Required with application)	\$1,000.00	Date Paid:

Nine (9) copies of this application, including any plans or other attachments, must be submitted to the Township Manager together with the application fee and required escrow deposit.

1. Applicant (Proposed Licensee): _____
 Name: _____
 Address: _____
 Phone: _____ Fax: _____ E-mail: _____

2. Attorney for Applicant: _____
 Name: _____
 Address: _____
 Phone: _____ Fax: _____ E-mail: _____

3. Type of Liquor License to be transferred: _____

4. Liquor License No. _____ LID No. _____

5. Premises from which License is proposed to be transferred:

Address: _____
 Township/Borough: _____ Bucks County Tax Parcel # _____
 Name of Current Owner: _____
 Address of Current Owner: _____

6. Premises proposed to be Licensed in Doylestown Township:

Address: _____
 Township: _____ Bucks County Tax Parcel # _____
 Name of Current Owner: _____
 Address of Current Owner: _____

7. Description of the Nature of Applicant’s current and proposed interest in the Premises proposed to be licensed (attach copy of lease or agreement): _____

8. Description of the Premises proposed to be Licensed: (Attach plan of the lot as well as interior and exterior existing and proposed improvements.)

9. Will the Application to the PLCB for transfer of the License be on a “Prior Approval” basis? (If “Yes”, describe) _____

10. Present Zoning Classification of the Premises proposed to be Licensed: _____

11. Present Zoning Classification of all areas within five hundred feet (500’) of the premises proposed to be Licensed:

12. Present Use of the Premises proposed to be Licensed: _____

13. Description of the neighborhood or neighborhoods located within five hundred feet (500’) of the Premises proposed to be Licensed: _____

14. What is the distance between the Premises proposed to be Licensed and the nearest:

a) Residential dwelling unit: _____

b) Church _____

c) Hospital _____

d) Charitable Institution _____

e) Playground _____

f) School _____

g) PLCB licensed premises _____

15. Has the Liquor License proposed to be transferred been the subject of another intermunicipal transfer within the past five (5) years? _____

16. Identify all persons who, upon approval by the PLCB, will be in any way pecuniarily interested in the business which is the subject of the License proposed to be transferred:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

17. Identify the person who, upon approval by the PLCB, will be the Manager of the Licensed Premises:

Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

18. Specifically describe the nature and character of the proposed Licensed establishment and business operation to be conducted pursuant to the License proposed to be transferred:

19. Specifically describe the types of food and beverages to be served and the anticipated ratio that the total sales of food and non-alcoholic beverages will bear to the total sales of food and alcoholic beverages and the price range to be charged therefore. (Attach a proposed menu or a comparable menu as an example.)

20. Specifically describe the age level range of patrons you will be trying to primarily attract to the proposed Licensed establishment: _____

21. Specifically describe the intended hours of the various components of the intended business operation of the proposed Licensed establishment:

22. In conjunction with your application to the PLCB for the transfer of the License, is it your intention to also apply for:

a) Sunday Sales Permit? _____

b) Extended Hours Food License? _____

c) Amusement Permit? _____

23. Specifically describe any form or forms of entertainment proposed to be presented at the proposed Licensed establishment: _____

24. Attached hereto is a complete list of the names, addresses, and tax parcel numbers of the owners of all properties located within three hundred feet (300') of the Premises proposed to be Licensed.

25. Does the Applicant or any officer, director, stockholder, manager, partner or member of the Applicant own or possess any pecuniary interest in any other business which is operated pursuant to a license from the PLCB? If so, explain: _____

26. Has the Applicant or any officer, director, stockholder, manager, partner or member of the Applicant ever owned or possessed any pecuniary interest in any other business which was operated pursuant to a license from the PLCB which license was revoked or suspended by the PLCB? If so, explain: _____

27. Has the Applicant or any officer, director, stockholder, manager, partner or member of the Applicant ever been convicted of a felony or misdemeanor? If so, explain: _____

I swear or affirm, subject to the penalties provided by 18 Pa. C.S. §4904 and 47 P.S. §4-403(h), that the foregoing answers and statements provided herein are true and complete to the best of my knowledge and belief.

WITNESS/ATTEST:

_____ (SEAL)

Applicant Signature:

Print Name:

Date:

APPLICATION FEES FOR INTER-MUNICIPAL TRANSFERS OF LIQUOR LICENSES

Payable upon Application: Non-Refundable Filing Fee	\$1,000
Refundable Escrow Account	\$1,000

ESCROW: Escrow Deposit is to cover the cost of publishing required notices and all other expenses incurred by the Township incidental to the Application and hearing, including but not limited to the cost of any legal, engineering or other professional services provided to the Township. In the event these costs deplete the escrow fund in excess of 80% of its original amount and costs seem to indicate that additional deposits will be required, the Township reserves the right to require additional escrow deposit up to the original escrow amount. This additional escrow amount shall be paid prior to mailing of final decision. If the expenses do not exceed the escrow deposit or any additional deposit, the balanced will be remitted to the Applicant.