

CITY OF VALPARAISO
HISTORIC DOWNTOWN LIQUOR LICENSE
APPLICATION

Name of Applicant:

Name of Restaurant:

Address where alcoholic beverages will be dispensed:

Applicant's Telephone No.:

Applicant's Email Address:

Name of Primary Contact & Telephone No. (if different from above): _____

Name of Primary Manager(s) that will operate the restaurant:

1. _____

2. _____

3. _____

4. _____

Hours of Operation: _____

Seating Capacity: _____

Type of Cuisine:

Yearly Estimated Average Number of Sales of Alcohol to Food: (_____ % Food),
(_____ % Alcohol) and (_____ % Other)

Characteristics that define your restaurant as a "destination dining" establishment:

Average Number of Employees: FTE _____ PTE _____

Will Outdoor Dining be Made Available: Y / N

Please attach to the Application the name(s) and mailing address of all individuals and/or entities that hold an ownership interest (legal/equitable or otherwise) in the Applicant. If an entity is listed as an owner, the names of all individuals that hold an ownership interest in that entity must also be provided. **To the extent allowed by law, this information shall be kept confidential by the City.**

Section V of the *Second Amended Criteria for License Allocation and Applicant Compliance* provides Guiding Factors in recommending a Downtown Liquor License. Please attach information and documentation that addresses all applicable items.

I am aware that, as a Holder of a Historic Downtown Liquor License, I am obligated to pay a \$200/month fee (billed quarterly) to be a part of the Downtown Marketing Organization. This organization provides marketing of the restaurants and opportunities to participate in group events.

I have received and reviewed the Criteria for License Allocation and Application Compliance Requirements.

Name of Applicant

By:

Its:

Date