

APPLICATION INTERMUNICIPAL LIQUOR LICENSE TRANSFER

APPLICANT

Name:	
Address:	
Telephone Number:	Fax Number:
Applicant's interest:	

PROPERTY OWNER

Name:	
Address:	
Telephone No:	Fax Number:

ENGINEER/ARCHITECT/SURVEYOR

Name:	
Address:	
Telephone No:	Fax Number:

LOCATION

Subdivision name:	
Location/Site Address:	Tax Parcel Number:
Total acreage:	Number of acres to be developed:
Proposed Use:	
<input type="checkbox"/> Single-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Townhouses <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other (Specify):	

Zoning District: _____		
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Other (Specify): _____		
Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Other (Specify): _____		
Phasing: Total number of phases: _____ Phase number this application: _____ Total acres: _____ Acres this phase: _____ Total lots: _____ Lots in this phase: _____		
Right-of-way: Existing/proposed agreements with adjacent properties? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____		
Easements: Existing/proposed agreements with adjacent properties? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____		
Comments/other information: _____		
Applicant, being duly sworn, says he/she is: <input type="checkbox"/> The owner of the property in question <input type="checkbox"/> The authorized agent for the owner of record of the property for which the application is made. The owner's signed and notarized authorization to his/her agent to act on owner's behalf is required to be submitted. <input type="checkbox"/> Has an equitable interest in the property as submitted and documentation is attached to this application. <i>All information provided on and with this application is true and correct to the best of my knowledge or belief.</i>		
INDIVIDUAL APPLICANT	PARTNERSHIP APPLICANT	CORPORATE APPLICANT
_____ Signature of individual	_____ Name of Applicant	_____ Name of Applicant
	By: _____ Signature Partner	By: _____ Signature
		_____ Title

FOR BOROUGH USE ONLY

Application Number: _____	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Final
Date Received:	TLD:	
Zoning District: _____		
Use permitted by:	<input type="checkbox"/> Right	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Special Exception
Deposit Account Number:		