



# Borough of Oakmont

767 Fifth Street  
Oakmont, Pennsylvania 15139  
412-828-3232

## Intermunicipal Liquor License Transfer Application

### Applicant:

Name:
Address:
Telephone Number:
Email Address:
Applicant's Interest:

### Property Owner:

Name:
Address:
Telephone Number:
Email Address:
Applicant's Interest:

### Engineer/Architect/Surveyor:

Name:
Address:
Telephone Number:
Email Address:
Applicant's Interest:

### Location:

Subdivision Name:			
Location/Site Address/Tax Parcel Number:			
Total acreage:	Number of Acres to be Developed:		
Proposed Use:			
-----Single Family	-----Two Family	-----Townhouses	-----Multi-Family
-----Commercial	-----Industrial	-----Other (Specify)	
Zoning District:			
Water Supply:	-----Public	-----Other (Specify)	
Sewage Disposal:	-----Public	-----Other (Specify)	

Phasing:

Total Number of Phases:-----

Phase Number This Application:-----

Total acres:-----

Acres this phase:-----

Total lots:-----

Total lots this phase:-----

Right-of-Way:

Existing/proposed agreements with adjacent properties? -----Yes -----No

Describe:-----

Easements:

Existing/proposed agreements with adjacent properties? -----Yes -----No

Describe:-----

Comments/other information:

Applicant, being duly sworn, says he/she is:

----- The owner or the property in question

----- 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.

----- Has an equitable interest in the property as submitted and documentation is attached to this application.

All information provided on and with this application is true and correct to the best of my knowledge or belief.

Individual Applicant

Partnership Applicant

Corporate Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Applicant

By:\_\_\_\_\_

By:\_\_\_\_\_

\_\_\_\_\_  
Title:

**FOR BOROUGH USE ONLY**

Application Number: ----- Preliminary -----Final

Date Received: TLD:

Zoning District:  
Use Permitted By: -----Right -----Conditional Use -----Special Exception

Deposit Account Number: