



BENSALEM TOWNSHIP

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.

Please place a check in the box indicating completion of each task.

1. A copy of the deed, the agreement of sale, and/or the lease for the subject property as applicable.
2. A sketch plan of the property identifying the existing and proposed improvements.
3. A plan of the interior of the building/facility identifying the locations and dimensions of the bar area, restaurant area, kitchen, bathrooms, outdoor patron areas, and storage areas as applicable.
A floor plan identifying the proposed layout of the bar area, restaurant area, and/or outdoor patron areas
4. including, but not limited to, the location of the bar(s), tables, chairs, stools, dance floor(s), stage(s), and/or any other areas to which the public will have access as applicable.
5. Completed application form.

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

Inter-Municipal Transfer

Economic Development License

LOCATION OF THE PROPERTY FOR WHICH THE LICENSE IS SOUGHT

Address: _____

Tax Parcel Number: _____

APPLICANT INFORMATION

If the applicant(s) is an individual (or individuals), complete **Section A**. If the applicant(s) is a corporation, partnership and/or any entity other than an individual, complete **Section B**.

A. Individual Applicant(s)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone No.: _____ Fax Number: _____

Type of Business: _____

Type of license for which you are applying: _____

E-Mail Address: _____

B. Corporate, Partnership and/or Other Applicant(s)

Corporate/Partnership/Entity Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone No.: _____ Fax Number: _____

E-Mail Address: _____

State of incorporation and/or registration of the applicant: _____

Date of incorporation and/or registration of the applicant: _____

Date



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: _____ State: _____ Zip: _____

Telephone No: _____ Fax Number: _____

E-Mail Address: _____

Liquor License No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Fax Number: _____

E-Mail Address: _____

Liquor License No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Fax Number: _____

E-Mail Address: _____

Liquor License No: _____

USE SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

Has the Applicant and/or the owners, equity owners, directors and/or officers of the Applicant ever been convicted of, and/or received citations for any violations of the Pennsylvania Liquor Code, the Pennsylvania Controlled Substance, Drug, Devises & Cosmetic Act, and/or any provisions of the Pennsylvania Criminal Code? YES NO

If yes, identify to whom each such citation was issued and/or who was convicted, together with the date and location at which the violation occurred, nature of the violation, the statute, ordinance or regulation violated, court agency before which the violation was adjudicated, and the fine and/or punishment imposed for each such citation and/or conviction.

Nature of Violation: _____

Statute: _____

Violation: _____

Court Agency: _____

Fine and/or Punishment: _____



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 SUBMITTED PRIOR TO ISSUANCE OF LICENSE

Approval Granted

Approval Denied

Bensalem Township Council

Council Clerk Signature

Date