



# 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*



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List the name, address, Telephone number, fax number and e-mail addresses of each and every owner.  
Director, officer and equity owner of the Applicant(s) below:

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Fax No.</u>	<u>E-Mail Address</u>

## **OWNER OF PROPERTY TO BE LICENSED** *(if not applicant)*

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

### **A. Individual Owner(s)**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### **B. Corporate, Partnership and/or Other Owner(s)**

Corporate/Partnership/Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
State of incorporation and/or registration of Owner: \_\_\_\_\_  
*Date*  
Date of incorporation and/or registration of owner(s): \_\_\_\_\_

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Fax No.</u>	<u>E-Mail Address</u>

## **APPLICANT'S OWNERSHIP INTERESTS IN THE PROPERTY**

If the Owner of the property to be licensed is not the Applicant, describe the  
Applicant's interest in the subject property




## 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, Devise & 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: \_\_\_\_\_



**ATTORNEY FOR THE PROPERTY OWNER**

## TRANSFER INFORMATION

If this is an inter-municipal transfer of a liquor license, provide the requested information for the location from which the license is being transferred.

### INTENDED USE OF THE PROPERTY AND/OR FACILITY

- a. Hours of Operation
- b. Whether live music or entertainment will be provided
- c. Whether dancing will be permitted
- d. Whether billiards, darts, video games and/or arcade games will be available
- e. Whether outside facilities, including but not limited to a bar area, restaurant area, and/or athletic and/or entertainment areas will be provided. If yes, provide a description of such outdoor areas. If outdoor entertainment or dancing is to be permitted, provide a description of the intended entertainment.



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## DESCRIPTION OF NEIGHBORING AND NEARBY PROPERTIES

[illegible]



## 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*