

www.cityoflanasterpa.com | Phone: (717)291-4824
120 N. Duke Street, PO BOX 1599 Lancaster, PA, 17608-1599

In compliance with Article II of Chapter 88 of the Lancaster City Code, the following information must be submitted.

Section 1: BYOB Establishment Information

Establishment Name: _____
Property Address: _____
City: _____ State: _____ Zip: _____
Property Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
BYOB Email: _____

Business Type:
 Individual Partnership Limited Partnership
 Limited Liability Partnership Corporation Limited Liability Company

Section 2: Applicant Information

Applicant Last Name: _____ First Name: _____
Applicant Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
Applicant Email: _____
Title (ex: Director, Owner, Manager): _____

Section 3: Property Information

- Yes No Does the applicant own the building at the proposed location?
- Yes No Is the applicant a lessee of the property?
- Yes No Are all taxes and fees associated with this building paid up to date?
- Yes No Do you own/operate any other entertainment venues?
- Yes No Are you providing food?
If yes, please provide a copy of your Health License, Menu, and ServSafe
- Yes No Have you contacted Building Codes for any updates or provisions for the BYOB?
If no, please contact (717) 291-4724
- Yes No Do you have a valid Certificate of Occupancy?
- Yes No Have you attached a copy of your fire permit. (Place of assembly)

Types of services being provided: _____

Section 4: Property Owner Information

Complete information below for each owner. If more space is needed, please copy this form until all owners are identified.

Owner below is (*select one*): Land and Building Owner Landowner Building Owner
Owner Last Name: _____ First Name: _____
Owner Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Section 5: Lease Information

Property Management Company Name (if applicable): _____
Company Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Contact Person Name/Title: _____
Lease Length: _____
Options: _____

Section 6: Partnership Information

Entity Name: _____
Date Approved: _____ All partners are at least 18 years of age or older: Yes No

Complete information below for each partner. If more space is needed, please copy this form until all partners are identified.

Partner Last Name: _____ First Name: _____
Partner Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Partner Last Name: _____ First Name: _____
Partner Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Partner Last Name: _____ First Name: _____
Partner Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Section 7: Corporation/Limited Liability Company Information

Entity Name: _____
At least 51% of each class of shares, memberships, or units is owned by persons who are at least 18 years of age or older: Yes No

Complete information below for each officer, director/manager, and stockholder/member. If more space is needed, please copy this form.

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Section 8: Venue Management Information

Complete information below for each member of management. If more space is needed, please copy this form.

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Section 9: Sign and Notarize

I/we certify that the information indicated on this application is accurate. I/we have read and agree to comply with the applicable provisions of Article II, BYOB Clubs, Ordinance No. 18-1997 codified in Article II of Chapter 88 of the Code of the City of Lancaster, Lancaster County, Pennsylvania and acknowledge the BYOB License is subject to revocation for violation of Ordinance No. 18-1997 codified in Article II of Chapter 88 of the of the City of Lancaster, Lancaster County, Pennsylvania.

Print Name: _____

Signature*: _____

*Must appear as the name shown in Section 4 (Applicant Information) of this application.

Before me, the undersigned authority, on this ___ day of _____, 20__ the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct.

Sign Here: _____

Notary Public in and for the State of Pennsylvania

OFFICIAL USE:

The Owner or Agent has paid the administrative fee of **\$65.00** along with the **\$65.00** non-refundable application fee for the capacity of:

0-100 Patrons: _____ 101-200 Patrons: _____ 201- + Patrons: _____

Approved By:

Fire Marshall: _____

Date: _____

Health Officer: _____

Date: _____

Building Code Official: _____

Date: _____