



Township of Falls

188 Old Lincoln Highway

Fairless Hills, PA 19030

www.fallstwp.com

(215) 949-9000

Fax: (215) 949-9015

INSTRUCTIONS FOR 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 of Falls Township.

Place a check indicating completion of task:

- Application Fee: \$1,000.00
- A copy of the deed, the agreement of sale, and/or the lease for the subject property, as applicable.
- A sketch plan of the property identifying the existing and proposed improvements.
- A plan of the interior of the building/facility identifying the location 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 including, but not limited to, the location of the bar(s), tables, chairs, stools, dance floor(s), stages (s), and/or other areas to which the public will have access, if applicable.
- Completed application form with fifteen (15) copies.

PLEASE NOTE: Applicant shall provide notice of the scheduled hearing to all property owners located within one-quarter (1/4) mile of the subject property.



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APPLICATION FOR INTER-MUNICIPAL TRANSFER OR ECONOMIC DEVELOPMENT LIQUOR LICENSE(S)

TYPE OF LICENSE Inter-municipal transfer Economic Development license

LOCATION OF THE PROPERTY

Address: _____

TMP #: 13- ____ - ____

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

A. Individual Applicant(s)

Name: _____ Phone # _____

Address: _____ Fax # _____

City, State, Zip: _____ Email: _____

Type of license you are applying for: _____

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

Corporate/Partnership/Entity Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Phone #: _____

Fax #: _____ Email: _____

State of Incorporation and/or registration of the Applicant: _____

Date of Incorporation and/or registration of the Applicant: _____

List the name, address, telephone number, fax number, and email address of each and every owner, director, officer and equity owner of the Applicant(s) below:

Name	Address	Phone	Fax	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 : _____ Phone # _____
Address: _____ Fax # _____
City, State, Zip: _____ Email _____

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

Corporate/Partnership/Entity Name: _____
Address: _____
City/State/Zip: _____
Contact Person: _____ Phone #: _____
Fax # : _____ Email: _____
State of Incorporation and/or registration of the Applicant: _____
Date of Incorporation and/or registration of the Applicant: _____

List the name, address, telephone number, fax number, and email address of each and every owner, director, officer and equity owner of the Applicant(s) below:

Name	Address	Phone	Fax	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICANT'S OWNERSHIP INTERESTS IN THE PROPERTY

If the owner of the property to be licensed is not the Applicant, describe the Applicant's ownership 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, email 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 _____

Phone # _____ Fax # _____

Email _____

Liquor License # _____

Name _____

Address _____

City, State, Zip _____

Phone # _____ Fax # _____

Email _____

Liquor License # _____

PLEASE USE REVERSE SIDE, IF MORE INFORMATION IS TO BE PROVIDED.

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 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 APPLICANT

Attorney Name _____

Phone # _____

Address _____

Fax # _____

City, State, Zip _____

Email _____

ATTORNEY FOR PROPERTY OWNER

Attorney Name _____

Phone # _____

Address _____

Fax # _____

City, State, Zip _____

Email _____

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.

Address: _____

Municipality: _____ TMP # _____

INTENDED USE OF THE PROPERTY AND/OR FACILITY

Provide a statement of, and/or a description of, the intended use of the property and/or facility, below. Include the following information:

- Hours of Operation
- Whether live music or entertainment will be provided
- Whether dancing will be permitted
- Whether billiards, darts, video games and/or arcade games will be available
- 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.

DESCRIPTION OF NEIGHBORING AND NEARBY PROPERTIES

Please list the name, address and tax parcel number of every school, preschool, daycare facility, place of religious worship, park, recreation and/or amusement facility within the area and/or any establishment with a liquor license within one-quarter (1/4) miles of the subject property.

CERTIFICATION

I, _____, do hereby certify that I am the applicant and 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 the Township. I further acknowledge that the presentation of false information may result in possible arrest, fines, and imprisonment.

Applicant's Signature

Date: _____



APPROVAL GRANTED () APPROVAL DENIED ()

FALLS TOWNSHIP BOARD OF SUPERVISORS

Secretary

Date: _____