**RIVERFRONT ALCOHOL BEVERAGE LICENSE APPLICATION**

**CITY OF LAWRENCE REDEVELOPMENT COMMISSION**

Proposed Location: _____

Zoning for Location: _____

Applicant's Entity Name: _____

Name of all owners of applicant (including percentage of ownership): _____

_____

Primary contact for applicant: (Applicant Name) _____

(Applicant Address) _____

(Phone) _____ (Email) _____

Describe extent to which each owner will be involved in day-to-day operations: _____

_____

Previous operational experience of applicant: _____

Have you ever applied for/held an alcohol license? _____

Improvements necessary to open location: _____

Provide timetable for opening location after award of requested license: _____

Provide as an attachment hereto, floor plan for proposed operation, including proposed outdoor seating (if any) and proposed separation as required by IATC.

Explain food and beverage offerings which are planned to be available: _____

_____

Number of new anticipated jobs at location: _____

Does Applicant Own/Rent Location? _____

Proposed hours of operation: _____

Provide three personal references of the owners involved in day-to-day operations who live or work in the City of Lawrence:

(1)_____

(2)_____

(3)_____

Explain how this proposed location will draw visitors to the City of Lawrence: _____

_____

Please explain how your operation will positively contribute to the City of Lawrence's community: _____

_____

Provide an explanation of any public financial support which will be requested/required to make project move forward: _____

_____

_____

**THE UNDERSIGNED AFFIRMS THE ABOVE INFORMATION TO BE TRUE AND ACCURATE AS OF THE DATE OF APPLICATION. THE UNDERSIGNED HAS REVIEWED THE FORMAL WRITTEN COMMITMENTS WHICH WILL BE REQUIRED TO BE EXECUTED AS PART OF ANY POSITIVE RECOMMENDATION OF THE CITY OF LAWRENCE REDEVELOPMENT COMMISSION AND/OR THE COMMON COUNCIL OF THE CITY OF LAWRENCE FOR THE ISSUANCE OF A PERMIT. THE UNDERSIGNED AGREES TO ATTEND PUBLIC MEETINGS OF THE RDC AND COUNCIL AS A PART OF THIS APPLICATION PROCESS. THE UNDERSIGNED ACKNOWLEDGES THAT THE SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE A PERMIT WILL BE ISSUED.**

**THE UNDERSIGNED UNDERSTANDS THAT IF ANY INFORMATION PROVIDED HEREIN CHANGES, THE APPLICANT HAS AN AFFIRMATIVE OBLIGATION TO UPDATE THE INFORMATION CONTAINED HEREIN.**

Date: _____

_____
Signature of Applicant

_____
Printed Name of Applicant

**Please return this completed Application to:**

City of Lawrence Redevelopment Commission c/o Mayor's Office
9001 E. 59th Street, Suite 301
Lawrence, IN 46216