



HEALTH DIVISION
120 N. DUKE STREET
P.O. BOX 1599
LANCASTER, PA 17605-1599

(717) 291-4824 (TERRI)
(717) 291-4827 FAX

APPLICATION FOR BYOB CLUB LICENSE

Location of Establishment (Property Address):

Name of Establishment:

Establishment's Type of Business Organization: Individual Partnership
(check the corresponding block)

Corporation: Sole Proprietorship: Foreign Corporation: LLC:

APPLICANT'S INFORMATION

INDIVIDUAL

Name:

Home Street Address:

City: State: Zip Code:

Phone Number: (w) (h) (c)

Email:

PARTNERSHIP (attach a separate list of all additional partners names, along with their home and business addresses and phone numbers)

Name:

Home Street Address:

City: State: Zip Code:

Phone Number: (w) (h) (c)

Email:

CORPORATION/FOREIGN CORPORATION (attach a separate list of all persons who own at least 10% of the stock of the corporation, along with their home address and phone numbers)

Name:

Business Address:

City: State: Zip Code:

Phone Number: (w) (h) (c)

Email:

If this is a foreign corporation, please provide proof that you are authorized to do business in the State of Pennsylvania

BUSINESS MANAGER'S INFORMATION

(attach a separate list of all additional business managers names, along with their home address and phone numbers)

Name:

Home Address:

Phone Number: (w) (h) (c)

**REVIEW FOR COMPLIANCE WITH ARTICLE II, BYOB CLUBS. ORDINANCE
NO. 18-1997:**

OFFICIAL USE ONLY

APPROVED

APPROVAL AS NOTED

NOT APPROVED

Reasons for denial:

REVIEWING HEALTH OFFICER: _____ **DATE:** _____

**THE UNDERSIGNED HEREBY ACKNOWLEDGES AND ACCEPTS THE CONDITIONS OF
APPROVAL AS NOTED ABOVE.**

Signature

Date

License Number: _____

**THIS LICENSE MAY BE APPEALED BY ANY AGGRIEVED PARTY WITHIN THIRTY (30) DAYS OF
APPROVAL AND ISSUANCE.**