



# TOWN OF ROME

DATE RECEIVED: \_\_\_\_\_

## PLAN OF OPERATION

### FOR ALCOHOL BEVERAGE LICENSE APPLICATIONS

Check Applicable Box	
New Application	<input type="checkbox"/>
Change to Information on File	<input type="checkbox"/>

Your application will be returned for failure to fill out this form completely, correctly and submit the required Detailed Floor Plan, if applicable.

Business Name:	
Address of Premises:	Business Phone Number:
Business Mailing Address <i>(if different from address of premises):</i>	
Business Internet/Email address:	Business Fax Number:
Owner's Name:	Owner's Phone Number:
Owner's Address <i>(include city, state, zip code):</i>	
Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business: <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, list name and address of person who will:	
<i>Class B Applicants: if the agent, a partner or the individual licensee will not be conducting the day-to day operations of the business, the person listed above must obtain a Class B Operator's License</i>	
Briefly detail the type of business you plan to operate, if granted a license: _____	
What other types of licenses or permits will you or do you hold at this location? <i>(List any licenses or permits with the Town, County or State that you hold):</i> _____	
If applying for a Class B or C license, what type of food service will you have <i>(check all that apply)</i> : <input type="checkbox"/> None <input type="checkbox"/> Prepackaged Foods <input type="checkbox"/> Snacks <input type="checkbox"/> Appetizers <input type="checkbox"/> Catered Events <input type="checkbox"/> Full Meals	
What percentage of your total sales will be from the sales of alcohol beverages? _____%	
Is there at least 300 feet between the building and any church, school, youth recreation center, day care, library, clinic or hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many alcohol serving establishments are within a 1000-foot radius of your business? _____	
Do you have any future plans for other businesses, licenses or permits at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Is the premises under construction? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, list the estimated completion date: _____	
Do you own or lease the building? <input type="checkbox"/> Own <input type="checkbox"/> Lease	
Is this business a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a seasonal business with different hours/number of employees during different seasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	

What was the previous name & nature of the business operating at this location, if applicable? _____ _____		
Has this premises currently or ever been licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the type of license: _____ _____		
What is the zoning classification for this premises location? _____ <i>If you have questions as to the zoning classification of the parcel where the premises is located, please contact the Rome Zoning Department at 715-325-8019.</i>		
HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY		
Day of the Week	Proposed Hours of Operation (if seasonal, provide busy season hours and off-season on separate sheet).	
	OPEN	CLOSE
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
<b><u>PROHIBITED HOURS OF OPERATION:</u></b> Class A: 9:00 PM – 6:00 AM; Class B/C: M-F 2:00 AM – 6:00 AM, Sa/Su 2:30 AM – 6:00 AM <i>NOTE: Subsequent Hours of Operation changes do not need Town approval</i>		
<b>Legal capacity/Occupancy of premises:</b> (not required for Class A applicants) Inside: _____ Outside: _____		<b>Number of parking spaces on the premises, not including street parking:</b> _____
<b>Number of proposed employees your business will have:</b> Part-time: _____ Full Time: _____ <i>NOTE: where the business will have different seasonal numbers, please attach a separate sheet with off season numbers of employees</i>		
<b><u>ECONOMIC IMPACT:</u></b> Briefly detail what the economic impact of the proposed establishment will be to the Town: _____ _____		
<b><u>LITTER/GARBAGE:</u></b> What are your plans to keep the grounds clean? (check all that apply): <input type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input type="checkbox"/> Pick up Litter <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Garbage Cans Outside <input type="checkbox"/> Other: _____ Who is responsible to keep the grounds clean? <input type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance		
<b><u>NOISE:</u></b> How will issues be addressed? (check all that apply): <input type="checkbox"/> Manager approaches <input type="checkbox"/> Call Police <input type="checkbox"/> Signs Posted <input type="checkbox"/> Other: _____		
CERTIFICATE		
I, the undersigned, hereby submit this information as required for an Alcohol License Application and certify that all the information herein is true and correct to the best of my knowledge.		
Signature (Individual/Partner/Officer)	Date	Daytime Telephone Number
Print Name	E-mail Address	
Warning: Penalty provided for submitting false statements with this application		

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## **DETAILED FLOOR PLAN**

### **Please read all instructions before preparing the floor plan:**

- For all new license applicants, a detailed floor plan must be submitted with this application.
- Where there is a change in information relating to premises (as defined on your alcohol license application)/floor plan, a new floor plan must be submitted
- The floor plan must be filed on 8 ½ x 11 inch sized paper. Plans do not need to be architectural drawings and need not be to scale. Handwritten plans are acceptable.
- A separate sheet of paper should be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.

### **The floor plan must include all of the following items:**

1. Dimensions and total square feet of the premises (length x width = square feet)
2. Label all entrances and exits
3. Label and provide dimensions (length & width) of all alcohol storage areas (coolers, stock room, basement, etc.)
4. Class B & C Applicants only: Label all indoor seating areas, bars, and food preparation areas (kitchen) and any outdoor areas used for the sale or service of alcohol beverages (i.e. patio area)
5. Label and provide dimensions (length & width) for all parking areas on the premises in relation to the premises building, not including street parking.
6. On each page, mark the following: North ↑, Date, Business name & Address

### **ALL NEW & TRANSFER APPLICANTS**

Submit Proof of Ownership, Lease or Offer to Purchase the Building with this application.

A Lease or Offer to Purchase must:

1. Be in the same legal entity names as those applying for the license
2. Reflect the same address as the premises address on this application
3. Reflect current dates; and
4. Be signed by the lessor/seller and lessee/buyer

*Lease or Offer to Purchase may be contingent upon the license being granted*

<b>FOR OFFICE USE ONLY</b>
Date Plan of Operation received: _____
Complete application submitted? _____
Tax Parcel #: _____