



Permit Fee \$100 Date Paid \_\_\_\_\_  
Date Issued: \_\_\_\_\_ License No. \_\_\_\_\_  
Licensing Period: Beginning: \_\_\_\_\_  
Ending June 30, \_\_\_\_\_

## Village of Little Chute, 108 W. Main Street, Little Chute, WI 54140 [www.littlechutewi.org](http://www.littlechutewi.org)

### Application for Outdoor Alcoholic Beverage Permits at “Class B” Beer/Liquor, Class “B” Beer and/or “Class C” Wine License

Individual       Partnership

Corporation

Limited Liability Company

Business Name of Applicant: \_\_\_\_\_

Applicants Mailing Address: \_\_\_\_\_

Applicants Phone #: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

**Current Liquor License(s) Held:** \_\_\_\_\_  
**(Or Applied For)**

Name of establishment to be licensed: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Business Phone: \_\_\_\_\_

#### **REQUIREMENTS (see attached Outdoor Alcoholic Beverage Permit Ordinance)**

1. All applicants must submit a Site Plan professionally drawn to scale to the Community Development Department for review by the Zoning Administrator.
2. Applicants must accurately describe the outdoor area intended for use for consumption of alcoholic beverages. **(Be Specific, square footage, physical locations, tables/chairs, refuse disposal, fencing, materials, lighting etc.)** (Describe on sheet of paper and attach to this application)
3. Is the property located at least 100 feet from the nearest residential structure?
4. Provide the square footage of the gross floor area of the licensed premise enclosed within the building.

You must attach the following information to this Application:

- A Site Plan and Detailed Description of the Outdoor Area
- Application Fee of \$100

All property owners within one hundred fifty (150) feet of the proposed outdoor entertaining area will be notified of the pending application for an Outdoor Alcoholic Beverage Permit.

I declare under penalty of law that all of the information is true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Village Clerk: Date Received _____	Clerk's Signature _____	
Date to Zoning Administrator _____	Approved _____ Denied _____	Modifications Needed: _____
Police Review- Date Sent _____	Approved _____ Denied _____	_____
Fire Department Review – Date Sent _____	Approved _____ Denied _____	_____