



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
**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 _____	_____