



EXTENDED HOURS PERMIT APPLICATION

Any establishment that desires to sell alcohol for consumption on premises after midnight on any night shall make an application for a permit C.O. 3-8(c). Please complete **all** fields below.

BUSINESS OWNERSHIP INFORMATION

Business Type: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____ Other _____

Location of Extended Hours Permit Use: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business E-Mail: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Owner E-mail: _____

Contact Person or Designee: _____

(Note: The contact person or designee is authorized to make decisions on behalf of and with the authority of the owner.)

Contact Person Phone (Direct line): _____ Contact E-mail: _____

BUSINESS OPERATION INFORMATION

Operating Days and Hours:

Monday: Open _____ Close _____

Tuesday: Open _____ Close _____

Wednesday: Open _____ Close _____

Thursday: Open _____ Close _____

Friday: Open _____ Close _____

Saturday: Open _____ Close _____

Sunday: Open _____ Close _____

Sidewalk Café Permit? No _____ Yes _____ If yes, permit # _____

Business Tax License No.: _____

Alcohol License No.: _____ Expiration Date: _____

Alcohol License Type: 2COP _____ 4COP _____ SRX _____ 13CT _____ 11CT _____

Amended application? No _____ Yes _____

Have you had or do you currently have an Extended Hours Permit for this or another establishment? No _____ Yes _____ If yes, permit #(s) _____

Under penalty of perjury, I hereby declare that I have read the application instructions accompanying this document and that all information and statements provided herein are true and accurate.

Signature of Responsible Party

Date