



**Application Procedures**  
**Conditional Use Permit**  
**Restaurant with Live Entertainment/Extended Hours of Operation**

1. **A pre-application meeting is required.** Call (757) 664-4752 for an appointment.
2. Contact the Virginia Department of Alcoholic Beverage Control located at 1103 S. Military Highway, PO Box 1486, Chesapeake, VA 23327-1486; Telephone No.: 757-424-6700.
3. Contact the appropriate Civic League and Business Association. Attendance at a Civic League meeting or a neighborhood meeting as organized by the applicant is required as part of a complete submission.
4. Submit completed application with all required attachments including:
  - **Fee: \$1,080** check for required application fee made payable to the City of Norfolk.
  - **Physical Survey:** 8½ x 11-inch or 11 x 17-inch copy of a physical survey, drawn to scale and showing site conditions including existing structures, driveways, parking, property lines, and landscaping (see attached example).
  - **Conceptual Site Plan:** 8 ½ x 11-inch or 11 x 17-inch copy of a conceptual site plan drawn to scale and showing:
    - All proposed site improvements
    - Proposed structures
    - Drive aisles and parking with dimensions
    - Proposed changes to parcel/property lines (including lease lines)
  - **Floor Plan:** 8½ inch X 11-inch copy of a floor plan prepared by an architect depicting:
    - Tables/seats
    - Restroom facilities
    - Bar
    - Ingress and egress
    - Standing room
    - Disc Jockey/Band/Entertainment area)
    - Outdoor seating
    - Total maximum capacity (including employees)  
(see attached example).
  - **Taxes:** Proof that all City taxes are current.
  - **Business Association:** Letter or copy of email from local Business Association.
  - **Civic League:** Letter from Civic League or summary of neighborhood meeting.

• **Deliver to:**

Department of Planning  
810 Union Street, Room 508  
Norfolk, Virginia 23510

5. Provide a brief description of the business (i.e., # of employees, current locations, type of restaurant, etc...).
  6. Staff will review application to determine completeness.
  7. Staff will conduct a site visit to post notice and photograph property (Applicant does not need to be present).
  8. Staff will advertise legal notice of application request in *Virginian Pilot*.
  9. The Planning Commission will visit the site on the 2nd Wednesday of the month. (Applicant does not need to be present).
  10. Prior to the public hearing the applicant will receive conditions pertaining to the request that staff is recommending. Please review the conditions, and if you have any questions or concerns, contact staff. If you understand and concur with the conditions, please return a signed copy of the conditions to the Planning Department.
  11. Applicant **must** attend public hearing:
    - Where: City Hall Building  
11th Floor, Council Chambers
    - Time: 2:15 p.m.
  13. During the Commission's hearing:
    - Applicant must register to speak prior to the 2:30 hearing start time.
    - Staff will present application and recommendation with conditions.
    - Applicant/representative may make a presentation.
    - Proponents may speak.
    - Opponents may speak.
    - Time will be provided for rebuttal.
  14. The Planning Commission will make a recommendation on the application at the hearing which is forwarded to City Council.
  15. After the Planning Commission public hearing, City Council will consider the request once scheduled on the City Council docket.
    - The applicant should be present at the City Council public hearing and must register to speak by 3:00 pm the day of the meeting.
    - To contact the Clerk's office and register to speak, please email [ccouncil@norfolk.gov](mailto:ccouncil@norfolk.gov) or call 757-664-4253.
- Location
- City Hall Building, 11th Floor, Council Chambers
  - Time: 6:00 p.m.
16. In accordance with *The City of Norfolk Zoning Ordinance*, construction shall begin or the use of land for which the conditional use permit has been obtained shall commence within 12 months from the adoption of the ordinance; otherwise the ordinance shall be void.
  17. The conditional use permit shall expire upon a change in ownership, possession, operation or management of the facility.



**Application  
Conditional Use Permit  
Restaurant with Entertainment /Late Hours of Operation  
(Please Print)**

Date: \_\_\_\_\_

**DESCRIPTION OF PROPERTY**

Address: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Current Building Square Footage: \_\_\_\_\_ Proposed Building Square Footage: \_\_\_\_\_

Trade Name of Business (If applicable): \_\_\_\_\_

**APPLICANT\***

1. Name of applicant: \_\_\_\_\_

Mailing address of applicant (Street/P.O. Box): \_\_\_\_\_

(City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

Daytime telephone number of applicant: \_\_\_\_\_

**AUTHORIZED AGENT\* (if applicable)**

2. Name of applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Mailing address of applicant (Street/P.O. Box): \_\_\_\_\_

(City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

Daytime telephone number of applicant: \_\_\_\_\_ Fax: \_\_\_\_\_

**Application**

**Conditional Use Permit - Restaurant with Entertainment/Extended Hours of Operation**

**Page 2**

**PROPERTY OWNER\***

3. Name of property owner: \_\_\_\_\_

Mailing address of property owner (Street/P.O. box): \_\_\_\_\_

(City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

Daytime telephone number of owner: \_\_\_\_\_

**\*(If applicant/agent/property owner is a LLC or a Corp./Inc., include name of official representative and/or all partners)**

**CIVIC LEAGUE - BUSINESS ASSOCIATION - HOA INFORMATION**

Civic League contact: \_\_\_\_\_

Date meeting attended/held: \_\_\_\_\_

Local Business Association (if applicable) contact: \_\_\_\_\_

Date meeting attended/held: \_\_\_\_\_

Home/Property/Condominium Owners Association (if applicable) contact: \_\_\_\_\_

Date meeting attended/held: \_\_\_\_\_

Ward/Super Ward information: \_\_\_\_\_

**CERTIFICATION**

**I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:**

**Print name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_  
(Property Owner) (Date)

**Print name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_  
(Applicant) (Date)

(If Applicable)

**Print name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_  
(Authorized Agent Signature) (Date)

**DEPARTMENT OF CITY PLANNING**

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

(Revised July, 2018)



**EXHIBIT "A"**  
**Description of Operations**  
**Restaurant with Entertainment/Extended Hours of Operation**  
**(Please Print)**

Date: \_\_\_\_\_

Name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Business owner(s):

Name of LLC: \_\_\_\_\_

Name(s) of partners: \_\_\_\_\_

Property owner(s):

Name of LLC: \_\_\_\_\_

Name(s) of partners: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

**1. Proposed Hours of Operation:**

Facility Alcoholic Beverage Sales and Entertainment

Weekday From: \_\_\_\_\_ To: \_\_\_\_\_ Weekday From: \_\_\_\_\_ To: \_\_\_\_\_

Friday From: \_\_\_\_\_ To: \_\_\_\_\_ Friday From: \_\_\_\_\_ To: \_\_\_\_\_

Saturday From: \_\_\_\_\_ To: \_\_\_\_\_ Saturday From: \_\_\_\_\_ To: \_\_\_\_\_

Sunday From: \_\_\_\_\_ To: \_\_\_\_\_ Sunday From: \_\_\_\_\_ To: \_\_\_\_\_

**2. Type of ABC license applied for (check all applicable boxes):**

☐ On-Premises ☐ Off-Premises (second application required)

**3. Type of alcoholic beverage applied for:**

☐ Beer ☐ Wine ☐ Mixed

**Exhibit A – Page 3**

**Restaurant with Entertainment/Extended Hours of Operation**

4. Will video games, pool tables, game boards or other types of games be provided?

☐ Yes (If more than 4, additional application required) ☐ No

4a. If yes, please describe type and number of each game to be provided:

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5. Will patrons ever be charged to enter the establishment?

☐ Yes ☐ No

5a. If yes, why:

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5b. Which days of the week will there be a cover charge (circle all applicable days):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

6. Will the facility or a portion of the facility be available for private parties?

☐ Yes ☐ No

6a. If yes, explain:

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7. Will a third party (promoter) be permitted to lease, let or use the establishment?

☐ Yes ☐ No

7a. If yes, explain:

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8. Will there ever be a minimum age limit?

☐ Yes ☐ No

**Exhibit A – Managers**  
**Restaurant with Entertainment/Extended Hours of Operation**

Please provide relevant experience of all managers (Please print or type)

1. Manager Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
  
Name and Address of Establishment: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
  
Name and Address of Establishment: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
  
Name and Address of Establishment: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_
2. Manager Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
  
Name and Address of Establishment: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
  
Name and Address of Establishment: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
  
Name and Address of Establishment: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_
3. Manager Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
  
Name and Address of Establishment: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
  
Name and Address of Establishment: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
  
Name and Address of Establishment: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_

4. Manager Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Address of Establishment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Name and Address of Establishment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Name and Address of Establishment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

5. Manager Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Address of Establishment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Name and Address of Establishment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Name and Address of Establishment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

6. Manager Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Address of Establishment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Name and Address of Establishment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Name and Address of Establishment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

**DEPARTMENT OF CITY PLANNING**

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

(Revised July, 2018)



## Exhibit A – Floor Plan(s) Worksheet

### Restaurant with Entertainment/Extended Hours of Operation

- Complete this worksheet based for each floor plan submitted with application.
- Floor plan(s) must be prepared by a registered design professional and include:
  - Tables/seats
  - Restroom facilities
  - Bar
  - Ingress and egress
  - Standing room
  - Disc Jockey/Band/Entertainment area
  - Outdoor seating
  - Total maximum capacity (including employees)

#### 1. Total capacity

##### a. Indoor

Number of seats (not including bar seats) \_\_\_\_\_

Number of bar seats \_\_\_\_\_

Standing room \_\_\_\_\_

##### b. Outdoor

Number of seats \_\_\_\_\_

##### c. Number of employees on busiest shift

\_\_\_\_\_

#### Total Occupancy

(Indoor/Outdoor seats, standing room and employees) = \_\_\_\_\_

#### 2. Entertainment

List ANY type of entertainment proposed (such as live band, trivia, karaoke, comedian, or poetry reading.)

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#### 3. Will a dance floor be provided?

\_\_\_ Yes      \_\_\_ No

##### 3a. If yes,

Square footage of establishment \_\_\_\_\_

Square footage of dance floor \_\_\_\_\_

- If a disc jockey is proposed, a dance floor must be provided.
- If the dance floor is more than 10% of the square footage of the establishment, a Dance Hall permit is required.

#### DEPARTMENT OF CITY PLANNING

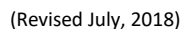
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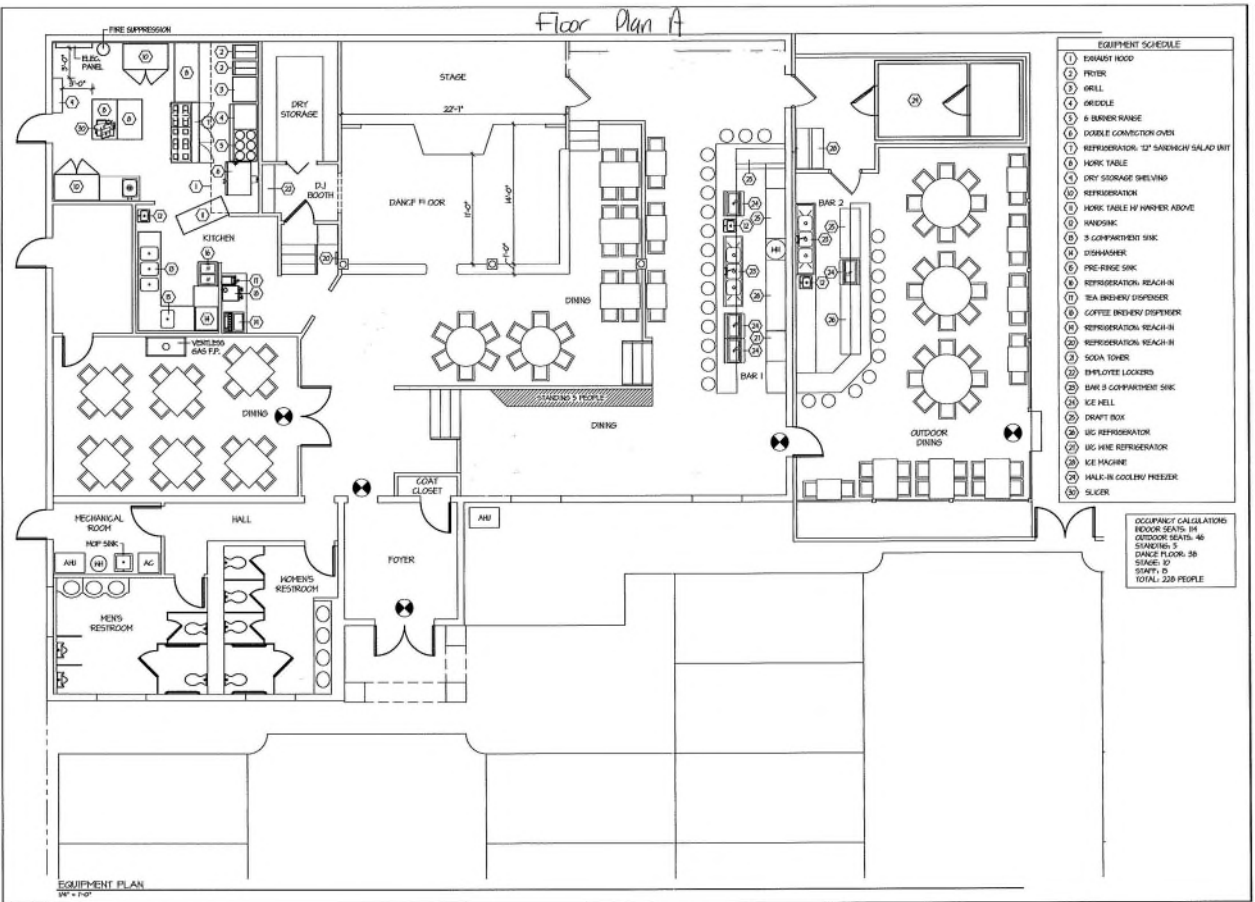
(Revised July, 2018)

## Survey



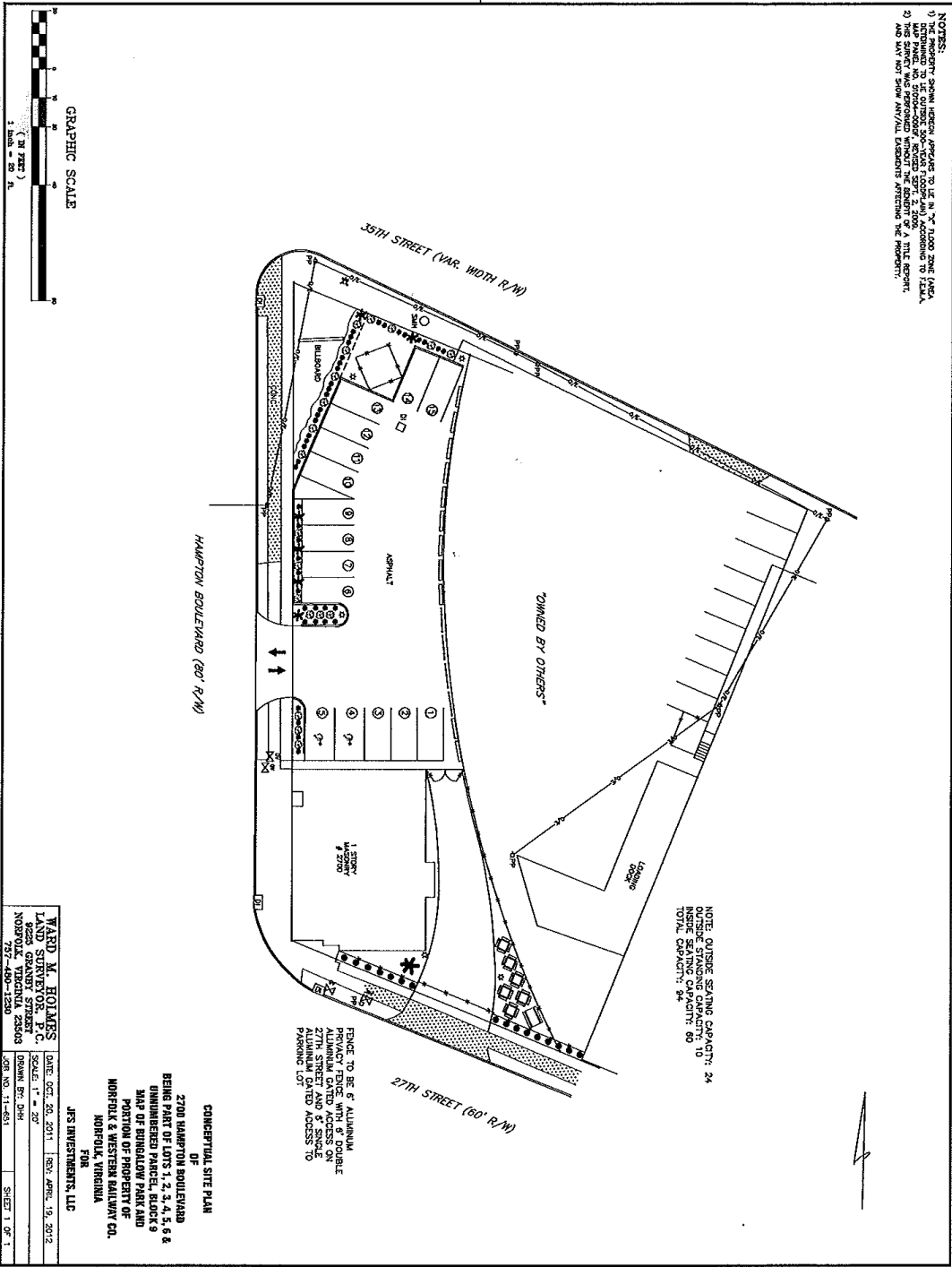
EXAMPLE

Floor Plan  
(with entertainment)



EXAMPLE

Conceptual Site Plan



## Example

# SECURITY PLAN OF [NAME OF BUSINESS OWNER] FOR [NAME OF BUSINESS [STREET ADDRESS] Norfolk, VA [ZIP CODE]

## Definition of “Security”

se·cu·ri·ty – noun

1. freedom from danger, risk, etc.; safety.
2. freedom from worry, anxiety, or doubt; well-founded confidence.
3. something that secures or makes safe; protection; defense.
4. precautions taken to guard against crime, attack, etc.

## Goals:

- [List all goals of security plan]
- [Example: To create a safe and secure environment within [name of business] patrons.]
- [Example: To provide a level of control and safety for all arriving and departing guests of [name of business].]
- [Example: To mitigate any noise or inappropriate conduct by patrons of [name of business] entering or leaving the facility which impairs the quiet enjoyment of immediate neighbors, particularly residents living nearby. ]
- [Example: To peacefully and effectively resolve all dangerous situations before any injury to any person or property may occur. The [name of business] staff or security team shall provide an assertive presence by displaying integrity and professionalism while executing their duties and responsibilities in an effort to maintain security, protection, and safety of members of the public.]
- [Example: To ensure a complete, orderly, safe, and swift evacuation of the facility in case of fire, explosion, or any other uncontrolled dangers within the building.]
- [Example: To protect and promote the courteous, inviting, and hospitable character of the neighborhood and the City of Norfolk generally.]

## Features of the Plan:

### **Security Team:**

[Describe the basic nature of the security plan, including use of security firm and/or staff members. If a security firm is used, name the firm or firms.]

### **Rules and Regulations:**

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[Describe the nature of any dress code, age limit, code of conduct, and restrictions on carrying controlled substances, guns, knives, Tasers®, or any item which may be used as a weapon. This description should include an explanation of how each of these policies is to be enforced against patrons in violation.]

[Describe how drink limits are enforced and how intoxicated patrons are to be handled. Describe how unruly patrons are to be handled. If the facility is a smoke-free restaurant, describe how patrons who violate the smoking prohibition are handled.]

**Access:**

[Discuss how pedestrian and vehicular traffic to and from the facility or its parking area will be managed.]

**Integration:**

[Explain how the business will interface or cooperate with law enforcement in situations which either involve the possible commission of a crime or which warrant police intervention. Also address any cooperative efforts to work with neighboring entertainment establishments to address issues which might come up between business or in the public areas immediately adjacent to the businesses.]

**[Title:]**

[As necessary, list any other features unique to the security plan or the facility which warrant special mention.]

**Uniform for Security Team**

Uniforms are intended to help patrons, law enforcement, and emergency responders readily identify who from the facility is designated as responsible for maintaining security and empowered to implement or impose the facilities rules and regulations.

[Describe who will be wearing a uniform and what articles of clothing will be required. If different members of the security and/or staff team will wear different uniforms, describe each type of uniform and explain reasons why multiple uniforms are necessary. **PLEASE NOTE: Virginia law does not permit any person who is not certified by the Department of Criminal Justice Services to wear any article of clothing identifying himself as “Security.”** This means that staff members who are hired by the facility in order to provide security may not display “Security” on their person. A designation of “Staff” is acceptable.]

## **Security Team:**

### **Personnel:**

[Describe the composition of the security and/or staff team, indicating the title of each position, the number of persons assigned to each position and the duties and responsibilities of each position.]

- [Example: 1 Security Team Leader]
- [Example: At least 1 Door Security Person. Whenever occupancy exceeds 250 persons or the queue of patrons waiting to be admitted exceeds 25, at least 2 Door Security Persons.]
- [Example: At least 2 Roving Security Person. Whenever occupancy exceeds 500 persons, at least 3 Roving Security Persons.]

At all times, at least one of the persons in each of the designated positions shall be certified by the Virginia Department of Criminal Justice Services (DCJS).

### **General Duties and Responsibilities:**

[Describe the general duties applicable for all security team members.] [Example: Each member of the Security Team will be trained to set up and control queuing in accordance with any floor plans approved through the City's special exception process. All members shall work in concert to maintain order within the facility and outside in the immediate surroundings so as to prevent any activity which would interfere with the quiet enjoyment of nearby property owners or leaseholders.]

[Example: All team members will coordinate with any personnel who may be hired by the property owner to provide security immediately outside of the facility and will be responsible for communicating wait times and cut-offs for any prospective patron queuing up to gain entry.]

[Example: All team members will be knowledgeable of each other's duties and responsibilities so as to be able to assist one another whenever necessary.]

[Example: IT IS THE DUTY OF EVERY MEMBER OF THE TEAM TO PROTECT THE ESTABLISHMENT, ITS PATRONS, AND EMPLOYEES FROM ANY AND ALL PERCEIVED AND REAL THREATENING SITUATIONS.]

### **[Example: Security Team Leader:]**

- [Enumerate each duty which falls exclusively within the role of this position.]
- [Example: Supervise all other security team members and monitors all members' compliance with this Security Plan.]
- [Example: Enforce occupancy limits in accordance with any floor plans approved through the City's special exception process. The Leader may rely on information about the number of patrons entering and leaving the facility that might be gathered by other members of the security team.]
- [Example: Report directly the facility's manager.]

- [Example: Rove entire venue during operating hours to ensure patron flow and maintenance of open aisles and clear pathways to exits.]
- [Example: Liaison to state and city enforcement officers and emergency responders.]
- [Example: Coordinate configuration of the floor plan on a daily basis under the direction of the General Manager and in accordance with any floor plans approved through the City's special exception process.]
- [Example: Provide or arrange security accompaniment for employees departing at the end of their shift.]
- [Example: During emergency evacuation, ensure that all security team members are properly executing emergency duties and responsibilities.]
- [Example: Maintain CPR certification.]

**[Example: Door Security:]**

- [Enumerate each duty which falls exclusively within the role of this position.]
- [Example: Control activity at main entrance(s) at all times, monitoring entry of patrons and maintaining a clear egress.]
- [Example: Control access to the venue.]
- [Example: Check for proper identification of patrons seeking admission.]
- [Example: Enforce dress code, age limitation, legitimacy of identification cards (watching out for counterfeit IDs) and code of conduct.]
- [Example: Enforce restrictions on contraband by employing one or more of the following techniques: searching of bags/purses, metal-detector wands, pat-downs, walk-through metal detectors.]
- [Example: Keep count all persons entering and leaving the club.]
- [Example: During emergency evacuation, direct patrons out of exits and to a location far enough from the building to be safe and to allow room for other patrons to continue to move away from the building and assemble.]
- [Example: Maintain security presence in restroom corridor.]
- [Example: Maintain CPR certification.]

**[Example: Stationary and Roving Security:]**

- [Enumerate each duty which falls exclusively within the role of this position.]
- [Example: Monitor continual compliance with Virginia ABC regulations.]
- [Example: Identify and address hazards as they arise throughout the facility.]
- [Example: Maintain security around bar area(s).]
- [Example: Maintain security in restroom corridor.]
- [Example: Rove entire venue during operating hours to ensure patron flow and maintenance of open aisles and clear pathways to exits.]
- [Example: Regularly check emergency exits to ensure they are clear and accessible.]
- [Example: During emergency evacuation, report to stairway in Zones E and F (see below) to direct those in dance floor and stage areas to use rear exits.]
- [Example: Maintain CPR certification.]



**Communication:**

[Describe technology and protocols to be used to enable security team members as well as facility managers to communicate during different types of events and emergencies.]

[Example: Security Team members will carry a hand-held radio (i.e. walkie-talkie).

Surveillance attachments (ear piece/microphone) will be utilized as warranted, particularly for personnel who need to have both hands free in order to execute their responsibilities. The Security Team Leader will monitor all radio traffic. Flashlights will be utilized by all security staff members as a back-up form of communication inside the facility whenever the situation warrants.]

**Electronic Security:**

[Describe technology and protocols to be used monitor activity inside and outside the facility, including the location of cameras, microphones, closed-circuit television monitors, staff assigned to watch monitors, storage and reuse of videotapes or digital storage media. Also describe any alarm systems, including security systems and fire/smoke/carbon monoxide systems, identifying the location of sensors in and around the building. If recorded data will be made available to law enforcement in the event of an investigation, describe how readily the data will be made available, in what formats, and who will be responsible for working with authorities.]

**Emergency Evacuation Plan:**

[Describe how the facility is to be evacuated in case of an emergency, using a diagram if possible. Indicate which members of the Security Team will be responsible for ensure the orderly and complete evacuation of each portion of the interior. Describe where exiting patrons will be directed to assemble once they are a safe distance from the building. Describe contingent plans in the event one or more of the exits are blocked.]

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(Revised July, 2018)



**Checklist – Conditional Use Permit**  
**Restaurant with Entertainment/Extended Hours of Operation**

Item	Yes	No	Not Applicable	Comments
Required application fee, <b><u>\$1,080.00</u></b>				
Pre-application meeting with Zoning Staff (At least 3 business days prior to deadline)				
Has this proposal been coordinated with the appropriate Civic League(s) or a neighborhood meeting held?				
Exhibit A, including Security Plan				
One 8½ x 14 inch or 11 x 17-inch scaled copy of a physical survey				
One 8½ x 14 inch or 11 x 17-inch scaled copy of a conceptual site plan				
Signature of all property owners?				
Is property in an AICUZ? Clear zone/Accident Potential Zone (APZ)/Noise zone				
Is property within ½ mile of another locality, or 3,000 feet of a military installation?				
Proof of all City Taxes paid?				
Copy of Current Business License?				

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_