Application Procedures
Conditional Use Permit Amendment to Change Managers
Restaurant with Live Entertainment/Extended Hours of Operation

1. A pre-application meeting is required. Call 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. Submit completed application with all required attachments including:
   - **Fee:** $95 check for required application fee made payable to the City of Norfolk.
   - **Taxes:** Proof that all City taxes are current.
   - **Deliver to:**
     - Department of Planning
     - 810 Union Street, Room 508
     - Norfolk, Virginia 23510
4. Provide copy of the existing Conditional Use Permit Ordinance with attachments.
5. Staff will review application to determine completeness.
6. The application will be submitted for review to the Business Action Team. If any of the following issues are identified, the establishment is not eligible for this amendment process:
   - Establishment has been fined or closed by the Alcoholic Beverage Commission
   - Establishment has been closed by the Fire Marshal
   - If significant concerns have been expressed by the Norfolk Police
   - If the applicant/property owner has a history of tax nonpayment or delinquencies
7. Applicant **must** attend public hearing:
8. The item will be considered by City Council. The applicant must be present.
   - **Where:** City Hall Building
     - 11th Floor, Council Chambers
   - **Time:** 7:00 p.m.
Application
Conditional Use Permit Amendment for Change of Management
Restaurant with Entertainment /Late Hours of Operation
(Please Print)

Date: ________________

DESCRIPTION OF PROPERTY

Address: ________________________________________________________________

Trade Name of Business (If applicable): ______________________________________

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

Date: ______________________
Trade name of business: ____________________________________________
Address of business: _______________________________________________
Name(s) of business owner(s)*: ________________________________________
Name(s) of property owner(s)*: _______________________________________
Daytime telephone number: (            ) ________________________________

*If business or property owner is a partnership, all partners must be listed.
*If business or property owner is an LLC or Corporation, all principals must be listed.

1. Proposed Hours of Operation:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Alcoholic Beverage Sales and Entertainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekday</td>
<td>From:________ To: ________ Weekday From: ________ To: ________</td>
</tr>
<tr>
<td>Friday</td>
<td>From: ________ To: ________ Friday From: ________ To: ________</td>
</tr>
<tr>
<td>Saturday</td>
<td>From: ________ To: ________ Saturday From: ________ To: ________</td>
</tr>
<tr>
<td>Sunday</td>
<td>From: ________ To: ________ Sunday From: ________ To: ________</td>
</tr>
</tbody>
</table>

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
4. Type of alcoholic beverage applied for:
   - Beer
   - Wine
   - Mixed

5. 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:

   ________________________________________________________________

   ________________________________________________________________

6. Will patrons ever be charged to enter the establishment?
   - Yes
   - No

   5a. If yes, why:

   ________________________________________________________________

   ________________________________________________________________

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

   Monday
   Tuesday
   Wednesday
   Thursday
   Friday
   Saturday
   Sunday

7. Will the facility or a portion of the facility be available for private parties?
   - Yes
   - No

   6a. If yes, explain:

   ________________________________________________________________

   ________________________________________________________________

8. Will a third party (promoter) be permitted to lease, let or use the establishment?
   - Yes
   - No

   7a. If yes, explain:

   ________________________________________________________________

   ________________________________________________________________

9. Will there ever be a minimum age limit?
   - Yes
   - No

9. List all types of entertainment proposed for the establishment:

   ________________________________________________________________

   ________________________________________________________________
Exhibit B – Managers
Restaurant with Entertainment/Extended Hours of Operation

10. Please provide relevant experience of all managers:
   Manager Name: ____________________
   Name and Address of Establishment: _____________________________________________
   Date of Employment: ______________

   Manager Name: ____________________
   Name and Address of Establishment: _____________________________________________
   Date of Employment: ______________

   Manager Name: ____________________
   Name and Address of Establishment: _____________________________________________
   Date of Employment: ______________

   Manager Name: ____________________
   Name and Address of Establishment: _____________________________________________
   Date of Employment: ______________

   Manager Name: ____________________
   Name and Address of Establishment: _____________________________________________
   Date of Employment: ______________

11. Additional comments/description/operational characteristics:

   ____________________________________________
   ____________________________________________

Note: If smoking is permitted, then floor plans must be submitted showing all necessary building code requirements for such facility

______________________________
Signature of Applicant
## Checklist – Conditional Use Permit Amendment to Change Managers

### Restaurant with Entertainment/Extended Hours of Operation

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required application fee, <strong>$95</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-application meeting with Zoning Staff (At least 3 business days prior to deadline)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of all property owners?</td>
<td></td>
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<td></td>
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<tr>
<td>Proof of all City Taxes paid?</td>
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</tbody>
</table>

Applicant Signature: ____________________________ Date: ________________

Staff Signature: ____________________________ Date: ________________