



**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 Condition Use Permit Ordinance with attachments.
5. Staff will review application to determine completeness.
6. **Staff will advertise legal notice of application request in Virginian Pilot.**
7. 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
8. Applicant **must** attend public hearing:
9. The item will be considered by City Council on the 2<sup>nd</sup> Tuesday of the following month. The applicant must be present.
  - **Where:** City Hall Building  
11th Floor, Council Chambers
  - **Time:** 7:00 p.m.

**Application  
Conditional Use Permit Amendment for C  
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:**

<u>Facility</u>	<u>Alcoholic Beverage Sales and Entertainment</u>				
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

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

**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:**

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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

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

Yes                  No

**6a. If yes, explain:**

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**8. 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 B – Managers**  
**Restaurant with Entertainment/Extended Hours of Operation**

**9. 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: \_\_\_\_\_

**10. 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**

<b>Item</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>	<b>Comments</b>
Required application fee, <b>\$95</b>				
Pre-application meeting with Zoning Staff (At least 3 business days prior to deadline)				
Signature of all property owners?				
Proof of all City Taxes paid?				
Copy of Business License				

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

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_