



**Application Procedures
Amendment to Conditional Use Permit
Addition of Outdoor Dining**

1. **A pre application meeting is required.** Call 757-664-4752 for an appointment.
2. Submit completed application with all required attachments including:
 - Current Conditional Use Permit Ordinance with all attachments, including floor plan
 - Survey showing outdoor dining
 - Photos of existing outdoor dining
 - Business license
 - Proof that all City taxes are current
 - **Deliver to:**
 - Department of Planning
810 Union Street, Room 508
Norfolk, Virginia 23510
3. Staff will review the application to determine completeness.
4. 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
5. 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 or call 757-664-4253.

Location

- City Hall Building, 11th Floor, Council Chambers
- Time: 6:00 p.m.

**Application
Amendment to Conditional Use Permit
(Please Print)**

Date: _____

DESCRIPTION OF PROPERTY

Address: _____

Name of Business: _____

Existing Conditional Use Permit (CUP) for: _____

Date CUP granted: _____

Name of applicant: (Last) _____ (First) _____ (MI) _____

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

(City): _____ (State): _____ (Zip Code): _____

Daytime telephone number of applicant: _____

Applicant Signature: _____



EXHIBIT "A"
Description of Operations
Conditional Use Permit Amendment
(Please Print)

Date: _____

Trade name of business: _____

Address of business: _____

Name(s) of business owner(s)*: LLC/Corp: _____

Partner(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

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:

5. 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

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

☐ Yes ☐ No

6a. If yes, explain:

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

☐ Yes ☐ No

7a. If yes, explain:

8. Will there ever be a minimum age limit?

☐ Yes ☐ No

Managers

9. 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: _____

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

- 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**

Total Occupancy

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

2. Entertainment

List ANY type of entertainment proposed (such as 3-member live band, karaoke, comedian, or poetry reading.)

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.



Checklist – Amend Conditional Use Permit
Addition of Outdoor Dining

Item	Yes	No	Not Applicable	Comments
Pre-application meeting with Zoning Staff				
Exhibit A, including Security Plan				
Current Conditional Use Permit Ordinance, including floor plan				
Survey including outdoor dining				
Photos of existing outdoor dining				
Copy of business license				
Proof of all City Taxes paid				

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____