



Application Procedures
Amendment to Conditional Use Permit
Change of Managers or
Conversion from Nightclub to Entertainment Establishment

1. **A pre-application meeting is required.** Call 664-4752 for an appointment.
2. Submit completed application with all required attachments including:
 - Current Conditional Use Permit Ordinance with all attachments
 - Proof that all City taxes are current
- **Deliver to:**
 - Department of Planning
810 Union Street, Room 508
Norfolk, Virginia 23510
3. Provide copy of the existing Conditional Use Permit Ordinance with attachments.
4. Staff will review application to determine completeness.
5. 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.

DEPARTMENT OF CITY PLANNING

810 Union Street, Room 508

Norfolk, Virginia 23510

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

(Revised July, 2018)

**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: _____

Requested Amendment:

Change in managers

Change from Nightclub to Restaurant/Restaurant with Entertainment or Reduction of Hours

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: _____

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EXHIBIT "A"

Description of Operations

Conditional Use Permit Amendment

Change of Managers/Conversion from Nightclub to Entertainment Establishment
(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:

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

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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

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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: _____

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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: _____

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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.

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Checklist – Amend Conditional Use Permit
Change of Manager/Conversion from Nightclub to Entertainment Establishment

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				
Copy of business license				
Proof of all City Taxes paid				

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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