



PLANNING AND ZONING COMMISSION
CONDITIONAL USE PERMIT – ALCOHOLIC BEVERAGES
P.O. Box 310 - 4650 Main Street
Zachary, LA 70791

DATE: _____

Name of Applicant _____

Mailing Address _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

Email Address _____

Name of Property Owner: (if different from Applicant) _____

Mailing Address _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

Email Address _____

Location Information

Physical Address of Business: _____

Mailing Address of Business: _____ Phone Number of Business: _____

Where did you get this address: Post Office City Building Dept. 9-1-1 Office Other _____

*Please verify address with City of Zachary Planning and Zoning

Subdivision/Tract _____ Lot/Tract No.: _____

Property Size (acres or square feet): _____ Existing Zoning: _____ Existing Use: _____

What type of Alcohol License are you applying for (e.g. Class A, Class B, etc.)? _____

Name under which business will be operated: _____

Are you currently operating a business at this location? yes no

If so, please indicate the name of the business, type of business, and the length of time you have been operating: _____

If you are purchasing an existing business, please indicate the name and if they had a previous alcohol license: _____

Will any building renovations, remodeling, or repairs be completed prior to opening your business: yes no

If so, please describe the nature and extent of this work: _____

Provide a description of the building interior (e.g. square footage, number of rooms, etc.) _____

What are your planned hours of operation? _____

How many marked parking spaces, on premises, are available for your customers? _____

How many restrooms are available? _____ How many are A.D.A. accessible? _____

If a restaurant/cafeteria, is at least 75 percent of the business in the sale of food for consumption on the premises?

yes no

Approximately what distance is the nearest residence from your business? _____

Is the business located within 300 feet of a public playground or of a building used exclusively as a church or synagogue, public library, or school? (restaurants that answered yes above are exempt from this requirement). yes no

The APPLICANT for the permit requested herein, hereby swears and affirms, that he/she and all parties interested in said application have read all questions, and the answers thereto, all in connection with application of said APPLICANT for a City of Zachary Conditional Use Permit – Alcoholic Beverages as indicated in said application; that he/she and all parties interested in said application fully acknowledge that all statements and facts herein are true and correct to the best of my knowledge; that he/she and all parties interested in said application understand, acknowledge, and affirm that they have read the conditions of Chapter 6 of the City of Zachary Code of Ordinances and Table 1.404 and all other applicable sections of the City of Zachary Unified Development Code.

Signature of Applicant/Owner of Record

Witness

Printed Name and Title of Person Signing as Applicant

Date

Date

(For Official Use Only)

City of Zachary, Louisiana - Planning and Zoning Commission

Date Filed: _____

Date of Notice in Newspaper: _____

Received by: _____

Date of Notice to Adjacent Property Owners: _____

P/Z Date: _____

P/Z Action Requested: _____

Council Date _____

Council Action: _____