



**PLANNING AND ZONING COMMISSION
APPLICATION FOR CONDITIONAL USE PERMIT – ALCOHOLIC BEVERAGE
P.O. BOX 310 – 4650 MAIN STREET
ZACHARY, LA 70791**

**(ALL ITEMS LISTED BELOW ARE REQUIRED AND
MUST BE SUBMITTED BEFORE APPLICATIONS ARE
CONSIDERED COMPLETE AND CAN BE ACCEPTED)**

- Conditional Use Permit – Alcoholic Beverage Application:
 - Applicant’s contact information
 - Property owner’s contact information
 - Applicant’s Signature
- Statement of Ownership:
 - Must be notarized
 - A separate statement of ownership is required for each property/location
- Application fee of \$250: cash, check/money order (payable to: City of Zachary), credit card
*Checks and money orders should be made payable to “City of Zachary” and credit card payments are subject to an additional 3% surcharge.

NOTE TO APPLICANT:

- Conditional Use Permit for Alcoholic Beverage must be approved by both the Planning and Zoning Commission (P&Z) and the City Council
- The applicant, or a representative, **MUST BE PRESENT** at the meetings to answer any questions.
- The City will place a sign on the property notifying the adjacent properties of the upcoming request and meetings.

If you have any questions, please do not hesitate to contact our office at (225) 654-1935. We are open Monday – Thursday, 7:00 am-5:30 pm.

Thank you!

City of Zachary
Planning and Zoning Department
(225) 654-1935

APPLICATION FOR CONDITIONAL USE PERMIT – ALCOHOLIC BEVERAGES

PLANNING AND ZONING DEPARTMENT

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 Owner: (if different from Applicant) _____

Mailing Address _____

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

Email Address _____

Locational Description:

Physical Address of Business: _____

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

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

Future Land Use: _____

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 previously had an 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: _____

What are your planned hours of operation? _____

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 the City of Zachary Code of Ordinances and all other applicable sections of the City of Zachary’s Unified Development Code.

Signature of Applicant

Date

| | |
|--|------------------------------------|
| (OFFICIAL USE ONLY) <u>City of Zachary – Planning and Zoning Department</u> | |
| Date Filed: _____ | Date of Notice in Newspaper: _____ |
| Received by: _____ | Sign Posted: _____ |
| P/Z Date: _____ | P/Z Action Requested: _____ |
| Council Date: _____ | Council Action: _____ |