____ New Permit

____ Renew Permit

City of Stoughton
381 E Main St
Stoughton WI 53589 608.873.6677

# Application for Outdoor Alcohol Consumption Permit
# Section 14-40(k)(6)

Alcohol License holder: _____

Doing Business as: _____

Street Address, City, State & Zip: _____

Contact Name: _____ Phone #: _____

Mailing Address: _____

Type of Beverage License currently at this location: _____

Square footage of indoor area: _____

Proposed Outdoor Area (Description): _____

_____

Square footage of outdoor area: _____

Number of seats in outdoor area: _____

Describe fencing: _____

How many feet to the closest structure used residentially? _____

Hours of Outdoor Operation: Sun. – Thur.: _____ Fri. & Sat.: _____

Other restrictions proposed by applicant: _____

_____

_____

_____

I declare under penalty provided by law, that the forgoing is true and correct to the best of my knowledge, and that I will comply with all City Codes and Regulations in the conduct of my business.

_____ _____

Applicant's Signature Date

Received in the City Clerks Office:

_____ _____

Staff Signature Date

# Review Process Summary:

Public Safety Committee:

Date Reviewed: _____ Recommend Approval: o Recommend Denial: o

Additional Restrictions/Requirements Recommended by the Committee: _____

_____

_____

_____

_____

_____

Council:

Date Reviewed: _____ Approved: o Denied: o

Additional Restrictions/Requirements: _____

_____

_____

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