

Applicant Supplemental Information Form

1. Name of Applicant: _____

D/B/A Name to be used: _____

Proposed License Location: _____

Telephone number: _____

Email: _____

2. Type of liquor license request:

☐ New License (indicate type: _____)

☐ Transfer of location (indicate type: _____)

☐ Transfer of ownership (indicate type: _____)

☐ Transfer of ownership and location (indicate type: _____)

3. Are alcoholic beverages currently being dispensed at the proposed location?

☐ Yes (If yes, License # and Type: _____)

☐ No

4. Were alcoholic beverages previously dispensed by the requesting business?

☐ Yes (If yes, License # and address where alcohol was being dispensed: _____
_____)

☐ No

5. Does this business have any record of violation?

☐ Yes (If yes, please explain: _____
_____.)

☐ No

6. What are the current/previous and proposed hours of operation of this business?

Current/Previous Hours of Operation: _____

Proposed Hours of Operation: _____

7. Is an outdoor seating/patio area included in the licenses premise?

☐ Yes (If yes, is the area fully enclosed? ☐ Yes ☐ No)

☐ No

8. What, if any, are the anticipated peak days and times at the proposed business location?

What days? _____.

What times? _____.

9. Do you have a business license with the City of Santa Fe?

☐ Yes (If yes, what is your License #? _____)

☐ No (*Please contact the Business Licensing Department at 505-955-6551 to obtain a business license.*)

10. Do you have a posted occupant load issued by the City of Santa Fe Fire Department?

☐ Yes (If yes, what is your occupant load issued for your business? _____)

☐ No (*Please contact the City of Santa Fe Fire Department - 505-955-3310 to schedule your inspection*)

11. Have you been issued a Certificate of Compliance from the City of Santa Fe Fire Department?

☐ Yes (If yes, what is the date the Certificate was issued? _____)

☐ No (*Please contact the City of Santa Fe Fire Department - 505-955-3310 to schedule your inspection*)

12. Please indicate the anticipated daily occupant load due to the sale of alcohol at this location:

_____.

13. Please indicate the anticipated change in business volume due to the sale of alcohol and explain:

☐ Business is expected to increase (additional number of customers per day: _____).

☐ Business is expected to decrease (loss of customers per day: _____).

☐ Business is expected to remain the same.

☒ * Please explain your answer: _____

_____.

14. Indicate which of the following statements best reflects your opinion regarding traffic impacts if this request is approved and explain:

☐ Traffic can be expected to increase on adjacent streets.

☐ Traffic will not increase on adjacent streets.

☒ * Please explain your answer: _____

_____.

Name of person completing this form: _____

Telephone number: _____

Date: _____