

## CONDITIONAL USE APPLICATION FOR THE SALE OF ALCOHOL INSTRUCTIONS

- A. *Conditional Uses:* Requests for conditional uses as stipulated within the zoned district regulations including the PUD, are permitted only after review by the Planning and Zoning Commission and approval of the City Council. The following review procedure shall be adhered to:
- B. The applicant shall submit a complete conditional use application to the city clerk, at least twenty-one (21) days prior to the Planning and Zoning Commission Meeting at which the conditional use is to be considered, containing as a minimum, the following information:
1. Copy of State of Alabama Alcoholic Beverage Control Board Alcohol License application.
  2. Copy of signed lease.
  3. A one hundred dollar (\$100.00) fee to defray the cost of processing the application.
- C. A minimum of fourteen (14) days prior to the Planning and Zoning Commission Meeting at which the conditional use request is to be considered, the city clerk shall mail notification to all adjacent property owners. The notice shall state:
1. The location of the conditional use request.
  2. The nature of the request, indicating the current zoning of the site and the proposed conditional use.
  3. The time, date and location of the Planning and Zoning Commission Meeting at which the request will be considered.
- D. The Planning and Zoning Commission shall schedule a hearing on the application at the first regularly scheduled meeting after compliance with notice provision as set forth herein. An application shall not be continued more than three (3) times at the request of the applicant.
- E. Upon receipt of a favorable recommendation from the Planning and Zoning Commission, the city clerk shall schedule and advertise the proposed conditional use request for a public hearing before the city council. A proposed conditional use request shall not be continued more than three (3) times at the request of the applicant.
- F. Upon receipt of a negative recommendation from the Planning and Zoning Commission, the City Council review process will be initiated at the request of the applicant.
- G. When the City Council denies a conditional use request, the Planning and Zoning Commission shall not reconsider the same request for a period of six (6) months. Each time the city considers a conditional use request, the \$100.00 administrative fee must be paid.

**CITY OF HOOVER  
CONDITIONAL USE APPLICATION  
FOR THE SALE OF ALCOHOL**

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The applicant shall submit a complete application, including any supplemental information and a non refundable application fee of **\$100** to the Secretary of the Planning Commission, at least **21** days prior to the meeting at which the Commission is to hear the zoning amendment.

If the applicant is not the owner of the subject property, the owner shall stipulate in a letter to the Commission, that the applicant is so authorized.

**OWNER/APPLICANT INFORMATION**

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers      Work: \_\_\_\_\_ Home: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers      Work: \_\_\_\_\_ Home: \_\_\_\_\_

**SUBJECT PROPERTY INFORMATION**

Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Conditional Use Request: \_\_\_\_\_

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**EACH CONDITIONAL USE APPLICATION SHALL BE ACCOMPANIED BY:**

- 1. A non-refundable application fee of \$100**
- 2. A vicinity map showing the exact location of the site in relation to the surrounding area and zoning of the site and adjacent property.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner/Applicant**

**APPLICATION WITHDRAWN**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner/Applicant**

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**OFFICIAL USE ONLY  
PLANNING COMMISSION DISPOSITION**

<b>Date Filed</b>	<b>Date of Notice</b>	<b>Date of Hearing</b>
<b>Fee Paid</b>	<b>Receipt No.</b>	<b>Date Paid</b>
<p style="text-align: center;"><b>Decision of Planning Commission</b></p> <p style="text-align: center;">Approved: _____ Denied: _____</p>		
<p><b>List Conditions of Approval or Reasons for Denial:</b></p>		

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**OFFICIAL USE ONLY**  
**CITY COUNCIL DISPOSITION**

<b>Publication Dates:</b>
<b>Date of Hearing:</b>
<b>Decision of City Council</b> <b>Approved: _____ Denied: _____</b>
<b>List of Conditions of Approval or Reasons for Denial:</b>



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
State whether or not the applicant owns the premises for which this license is sought:

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above is "yes" attached copy of the deed.

State whether or not the applicant is a Lessee for the premises for which this license is sought:

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above is "yes" attach a copy of the lease.

State the name and address of the person who will be managing the day to day operations of the premises for which this license is sought:

\_\_\_\_\_  
Name Address

I understand that if the management of this facility changes at any time after this license is granted, I will notify the Chief of Police of the City of Hoover within twenty-four (24) hours of such change and furnish to the said Chief of Police the name and address of the new manager.

Have you ever been denied a license to dispense alcoholic beverages?

Yes \_\_\_\_\_ No \_\_\_\_\_. If so, state the name of the governmental agency denying such request and the date of such request was denied:

\_\_\_\_\_  
I hereby swear that the information contained herein is true and correct and is given to the City of Hoover for the purpose of inducing the City of Hoover for granting a license as applied for herein. I further understand that if any information contained herein is false, I may be prosecuted under the laws of the State of Alabama.

\_\_\_\_\_  
Applicant  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

STATE OF ALABAMA)  
JEFFERSON COUNTY)

Personally appeared before me the undersigned authority, a Notary Public in and for said County in said State, \_\_\_\_\_, who by me being the first duly sworn deposes on oath and states that the information contained herein is true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_.

\_\_\_\_\_  
Notary Public

