

**SPECIAL EXCEPTION APPLICATION
(FOR RESTAURANTS)**

1. **APPLICANT**

Name _____
Business Address _____ Phone _____
Home Address _____ Phone _____
Fax _____ Email _____

2. **OWNER(S) OF RECORD**

Name _____
Business Address _____ Phone _____
Home Address _____ Phone _____
Fax _____ Email _____

Name _____
Business Address _____ Phone _____
Home Address _____ Phone _____
Fax _____ Email _____

3. **DESCRIPTION OF PARCEL**

Location _____
Area (acres) _____ (Square Feet, if less than 2 acres) _____
Parcel I.D. No. _____ Zone _____

4. **SPECIAL EXCEPTION INFORMATION**

Under Section _____ of the Zoning Regulations, Special Exception approval is hereby requested to permit: _____

5. Will the proposed restaurant operate with either a restaurant liquor permit or hotel liquor permit issued by the State of Connecticut: _____ yes _____ no

If yes, provide documentation in accordance with Section V.J. that the location is a minimum of 500 feet in a straight line from a residential zone.

6. **APPLICANT'S SIGNATURE**

The undersigned warrants the truth of all statements made in conjunction with this application and consents to inspection of the site.

(Applicant's Signature)

(Print or Type Name and Title)

7. **OWNERS' SIGNATURES**

The undersigned owner(s) of record consent(s) to the submission of this application and to inspections of the site.

(Owner's Signature)

(Print or Type Name and Title)

(Owner's Signature)

(Print or Type Name and Title)