



Application for Greenwood Municipal Riverfront Development Project Area Alcoholic Beverage Permit

CHECKLIST

- Complete the Applicant Information and Property Information Sections below.
- Respond to the questions below and attach to this application.
- Sign and date the application.
- Include one hard copy and one electronic copy of this application (including the attached responses) for review.

APPLICANT INFORMATION

Name: _____

Entity Type: _____

Address: _____

Phone: _____

E-mail: _____

PROPERTY INFORMATION

Property Size (acres or square feet): _____

Address (provide general location if no address yet assigned):

Zoning: _____

Property ID Number: _____



QUESTIONS

Please respond to the following and attach to application:

1. Describe how the restaurant will draw people to the District and to Greenwood in general.
2. Describe how the restaurant will benefit Greenwood.
3. Describe how the restaurant focuses on dining, cultural and entertainment experiences, rather than simply an alcohol consumption experience.
4. Describe the number and nature of jobs the restaurant will add or retain in the Greenwood employment base.
5. What type of control and participation do the owners have in the day to day operation of the restaurant?
6. Describe the history of the restaurant's operation, including the applicant's experience operating a restaurant similar to the proposed permit site.
7. Provide a business plan that includes financial and ownership strength.
8. Describe the menu or proposed menu, and any unique features of the restaurant.
9. Submit a plan that includes the size, floor plan, and layout of the restaurant and exterior dining areas, if any.
10. Describe plans, if any, to improve the proposed permit site.
11. Describe plans, if any, to make physical improvements to the restaurant. How will such proposed physical improvements be consistent with the nature and architecture of the riverfront district?
12. What is the expected timeline for work and business commencement?
13. Please describe any additional factors that may aid the Commission in the consideration of your application.

APPLICANT SIGNATURE

By signing below, I verify that the information included in and with this application is true and correct to the best of my knowledge and belief.

Name

Date

Signature

SUBMIT TO

Corporation Counsel
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