REVIEW FORM FOR ALCOHOLIC BEVERAGE LICENSES THE OFFICE OF PLANNING AND ZONING ANNE ARUNDEL COUNTY, MARYLAND

Name of Applicants:				
Address of Applicant:				
		Telephone: _		
Trade Name of Business:				
Business Address:				
		Telephone: _		
Location of Business (Compa	uss Directions): ON		SII	DE OF
	ROAD		FEET	OF
			ROAD.	
Owner of Property on which				
Assessment District:	Date Bu	siness established: _		
*Tax Map: 12 Digit Ta	ax Account #:	Parcel:	Former	rly:
(All other cer	tificates of Occupanc	y/Use issued for pro	operty)	
**Acreage:	** Building Dimens	sions:		
** Building Heights:	** J	Lot Dimensions:		
List All aspects of Property o	r Facility and describe	their character and i	intentions:	
(Attach	n extra sheets if necess	ary)		
Date of Application:	Application: Signature of Applicant:			

* Tax map and Parcel number can be obtained from the Anne Arundel County Assessment Office.

** Acreage and Dimension information is provided on the site plan.

NOTE: Attach location map, metes and bounds description, site plan and a registered survey showing 100" radius of use and 1000' radius.