

\_\_\_\_ New Permit  
\_\_\_\_ Renew Permit

City of Stoughton  
381 E Main St  
Stoughton WI 53589 608.873.6677



## Application for Outdoor Alcohol Consumption Permit Section 14-40(k)(6)

Alcohol License holder: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Street Address, City, State & Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Type of Beverage License currently at this location: \_\_\_\_\_

Square footage of indoor area: \_\_\_\_\_

Proposed Outdoor Area (Description): \_\_\_\_\_

\_\_\_\_\_  
Square footage of outdoor area: \_\_\_\_\_

Number of seats in outdoor area: \_\_\_\_\_

Describe fencing: \_\_\_\_\_

How many feet to the closest structure used residentially? \_\_\_\_\_

Hours of Outdoor Operation: Sun. – Thur.: \_\_\_\_\_ Fri. & Sat.: \_\_\_\_\_

Other restrictions proposed by applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty provided by law, that the forgoing is true and correct to the best of my knowledge, and that I will comply with all City Codes and Regulations in the conduct of my business.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Received in the City Clerks Office:

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Review Process Summary:

Public Safety Committee:

Date Reviewed: \_\_\_\_\_ Recommend  Approval: \_\_\_\_\_ Recommend  Denial:

Additional Restrictions/Requirements Recommended by the Committee: \_\_\_\_\_

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Council:

Date Reviewed: \_\_\_\_\_ Approved:  Denied:

Additional Restrictions/Requirements: \_\_\_\_\_

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