

**GREECE TOWN BOARD SPECIAL USE PERMIT  
DESCRIPTION OF PROPOSED OPERATION FOR  
RESTAURANT, BAR OR HOTEL**

1. Name of proposed establishment: \_\_\_\_\_
2. Describe the nature of the operation (Use additional sheets of paper, if necessary.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is this application for a hotel? Yes \_\_\_\_ No \_\_\_\_ . If **Yes**, complete the following:
  - Number of hotel rooms: \_\_\_\_\_
  - Will there be a restaurant/bar? Yes \_\_\_\_ No \_\_\_\_
  - Will there be meeting rooms? Yes \_\_\_\_ No \_\_\_\_ . If **Yes**, how many? \_\_\_\_\_
  - Will there be exercise/recreation facilities? Yes \_\_\_\_ No \_\_\_\_ . If **Yes**, describe the nature and location of the facilities: \_\_\_\_\_  
\_\_\_\_\_
4. Is this application for a restaurant or bar? Yes \_\_\_\_ No \_\_\_\_ . If **Yes**, complete the following:
  - Will there be takeout service? Yes \_\_\_\_ No \_\_\_\_
  - Will there be delivery service? Yes \_\_\_\_ No \_\_\_\_
  - Will there be a drive-up service window? Yes \_\_\_\_ No \_\_\_\_
  - Will there be outdoor seating? Yes \_\_\_\_ No \_\_\_\_
  - Will there be outdoor cooking of food? Yes \_\_\_\_ No \_\_\_\_
  - Will there be outdoor loudspeakers? Yes \_\_\_\_ No \_\_\_\_
  - Proposed occupancy capacity (include restaurant, bar, lounge, waiting areas, and outdoor areas), and the capacity in each area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Will alcoholic beverages be served? Yes \_\_\_\_ No \_\_\_\_ . If **Yes**, will there be a bar for use by customers?  
Yes \_\_\_\_ No \_\_\_\_
6. Will there be live entertainers? Yes \_\_\_\_ No \_\_\_\_ . If **Yes**, describe the nature, location, duration, and frequency of entertainment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Will there be sponsorship of, affiliation with, permission for, or participation in one-time or recurring special or promotional events on the premises? Yes \_\_\_\_ No \_\_\_\_ . If **Yes**, describe the nature, location, duration, and frequency of the events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Days & hours open for customers: \_\_\_\_\_
9. Maximum number of employees on a shift: \_\_\_\_ Total number of employees: \_\_\_\_
10. Describe provisions for regular solid refuse disposal: \_\_\_\_\_  
\_\_\_\_\_
11. Provisions for sewage disposal (check one): Sanitary Sewer \_\_\_\_ Septic System \_\_\_\_ . If Septic System is used, has Monroe County Department of Public Health reviewed & approved it? Yes \_\_\_\_ No \_\_\_\_ . If **No**, explain how this will be addressed: \_\_\_\_\_  
\_\_\_\_\_
12. Provisions for reducing or avoiding any undesirable impact of the use on surrounding residential areas (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_