

**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. Does the operation utilize a grease trap? Yes ____ No ____ If **Yes**, the grease trap shall comply with all local, county, state and federal regulations.
13. Provisions for reducing or avoiding any undesirable impact of the use on surrounding residential areas (if applicable): _____
