## Occupant Load Analysis Application Form For Liquor Licensing



1.	APPLICANT	Name:				
		Address:				
		Email:				
		Phone:				
2.	PROPERTY OWNER	Name:				
		Address:				
		Phone:				
3.	SUBJECT PROPERTY	Address:				
		Zone:				
4.	DESCRIPTION OF APPLICATION					
5.	SIGNATURES		DATE			
	Property Owner's Signa	nture	OR	Authorized Agent's Signa	nture	
	Print Name		_	Print Name		
6.	REQUIRED INFORMATION					
	a. Requested Occupant Load (include staff):					
	b. Present L.C.L.B. F	Patron Capacity (if applicabl	e):			
	Dimensioned floor a	Dimensioned floor areas with seating, furniture, fixtures, etc., patron capacity of occupant load for each load for each area;				
		include patios if applicable, location, size and direction of all exists, all washroom facilities.				
	<ul><li>d. Plans showing existing floor plan with L.C.L.B. stamp is this is currently a licensed establishment.</li><li>e. Does the building have a fire alarm system?</li></ul>					
7.	7. NON-REFUNDABLE APPLICATION FEE					
FOR OFFICE USE ONLY (circulate for Acceptance and return to Plan Checker)						
Plan Checker				Date		
			_			
Development Planner Date						
Approved Occupant Load (not exceeding the maximum permitted by the BC Building Code):						
OL#:						