

CITY OF BLAIRSVILLE ALCOHOL LICENSING
BUILDING INSPECTION DISTANCE CERTIFICATION
AND
SAFETY COMPLIANCE CHECKLIST

Business Name: _____ **Business Phone:** _____

Location Address: _____ **Contact Name:** _____

[REMAINDER OF FORM TO BE COMPLETED BY BUILDING INSPECTION DEPARTMENT]

1. Type of Business:

- | | |
|---------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Farm Winery Tasting Room | <input type="checkbox"/> Other- _____ |

2. Distance to Church Building:

For Distilled Spirits License, is entrance to building more than 100 yards of any church building?

☐ YES ☐ NO

Distance Measured:

☐ Certification Approximate, Requires Survey ☐ Sufficient Distance, Does Not Require Survey

Name & Address of Nearest Church: _____

2. Distance to School Building or School Grounds:

For Wine and/or Malt Beverage License, is entrance to building more than 100 yards of any school building, school grounds, or college campus? ☐ YES ☐ NO

For Distilled Spirit License, is entrance to building more than 200 yards of any school building, school grounds, or college campus? ☐ YES ☐ NO

Distance Measured:

☐ Certification Approximate, Requires Survey ☐ Sufficient Distance, Does Not Require Survey

Name & Address of Nearest School: _____

3. Distance to Alcoholic Treatment Center:

For all licenses, is entrance to building more than 100 yards of any alcohol treatment center owned and operated by this state or any county or municipal government? ☐ YES ☐ NO

Distance Measured:

☐ Certification Approximate, Requires Survey ☐ Sufficient Distance, Does Not Require Survey

Name & Address of Nearest Alcohol Treatment Center: _____

4. Building Inspection and Compliance Checklist

YES **NO** **N/A**

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does building location front a highway or paved roadway? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is building entrance(s) and exit(s) handicap accessible? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is building restroom(s) handicap compliant? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is exit lighting installed at required exits and exit pathways? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are exit pathways clear and unobstructed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are visible portions of electrical system installed correctly and in working order? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has seating capacity been approved by Union Co. Health Department? |
| | | | _____Total seats allowed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If seating exceeds 100, is C.O. required by State Fire Marshal for seating capacity? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is exterior alcohol related signage absent from premises? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is parking lot lighting installed in accordance with ordinance requirements? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all parking areas in good repair, neat, clean and well maintained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is building in good repair, neat, clean and well maintained? |
| <input type="checkbox"/> | <input type="checkbox"/> | | Inspection Approved? |
| <input type="checkbox"/> | <input type="checkbox"/> | | Re-inspection required? |

Notes: _____

Name of Building Inspection Official

Date of Inspection

Signature of Building Inspection Official