KATHERINE A. KLAUSMEIER County Executive



C. PETE GUTWALD, AICP Director, Department of Permits, Approvals and Inspections

Hookah and Vapor Lounge: Use Permit Application

		Checklist	
	Be located at least 200 feet from any residential property, as measured from the closest point of the		
	premises to the residential propert	y line;	
	Be the principal use on the premises where it is located and may not be ancillary or accessory to any other use;		
	Only operate from 6:00 a.m. to 12:00 midnight;		
	Maintain a video surveillance system that monitors all off-street parking areas and public entrances;		
	Maintain a video surveillance system that continuously records each day the hookah lounge or vapor lounge is open, from its opening until at least two hours after 12:00 midnight or its closure to the public, whichever is earlier;		
	Maintain a video surveillance system that retains all video recordings for at least 90 days as business records kept in the normal course of business;		
		vapor lounge complies with all laws, regulations, and	
_	requirements, including the applic	able noise levels set forth in state law and regulation.	
	WHAT MUST	ACCOMPANY THIS APPLICATION:	
Ad	ddress of Lounge	Business Name of Lounge	
Tra	ade Name	Trader's License Number	
Phone Number		Email Address	
ation ar and se Loung e. The ings av	re true to the best of my information, everally be responsible for complying ge is located at least 200 feet from any expelicant and Owner are both responsible to Baltimore County upon recognitions.	ION: I hereby certify that the matters and facts set forth in the foreknowledge and belief and that the signatories to this application so with all applicable State and County laws and regulations. Hookay residential property. Applicant is person in control of Hookah or onsible for maintaining all surveillance video and agree to make all quest. The Department of Permits, Approvals and Inspections may Use Permit may result in a Civil Penalty(Applications)	
Ap	oplicant Signature:	Date	
An	oplicant Name:		

Zoning Office Use Only			
Application Date:			
Tax Account Number: Reviewer's Name:			
□ Approved? UP-20			
☐ Approved with conditions, state conditions:			
□ Denial, state reason:			
Provide a copy of the completed application and all supporting documents to Zoning Review Supervisor.			