



ALCOHOLIC BEVERAGE LICENSE

Application No. _____

All applications are to be filled out completely and correctly AND INCLUDE A PHOTOCOPY OF THE COMPLETED State of Florida Alcohol Beverage Application Form. The application shall be submitted in person (no fax or deliveries) to the City of St. Petersburg's Development Review Services Division, located on the 1st floor of the Municipal Services Building, One 4th Street North.

GENERAL INFORMATION	
NAME of BUSINESS:	
Street Address:	
City, State, Zip:	
Telephone No:	Email Address:
Website:	Business Tax Receipt No.:
NAME of APPLICANT (Business Owner):	
Street Address:	
City, State, Zip:	
Telephone No:	Email Address:
NAME of AGENT or REPRESENTATIVE:	
Street Address:	
City, State, Zip:	
Telephone No:	Email Address:
PROPERTY INFORMATION:	
Street Address:	
Parcel ID#(s):	

LICENSE INFORMATION				
TYPE OF LICENSE (circle one):				
1 COP	2 COP	2 COP REST	4 COP	4 COP SRX
4 COP X	4 COP SR	4 COP S	1 APS	2 APS
3 APS	3 PS	14 BC	Other	

FEE SCHEDULE

Off-site consumption \$100.00 On-site consumption \$200.00
Cash, credit, and checks made payable to the "City of St. Petersburg"

AUTHORIZATION

The applicant, by filing this application, agrees he or she will comply with the decision(s) regarding this application and conform to all conditions of approval. The applicant's signature affirms that all information contained within this application has been completed, and that the applicant understands that processing this application may involve substantial time and expense. Filing an application does not guarantee approval, and denial or withdrawal of an application does not result in remittance of the application fee.

NOTE: IT IS INCUMBENT UPON THE APPLICANT TO SUBMIT CORRECT INFORMATION. ANY MISLEADING, DECEPTIVE, INCOMPLETE, OR INCORRECT INFORMATION MAY INVALIDATE YOUR APPROVAL.

Signature of Owner / Agent*: _____ Date: _____
 *Affidavit to Authorize Agent required, if signed by Agent. UPDATED 11-21-16

STAFF REVIEW	
Application Reviewed By:	Signature:
Date:	Notes:



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ALL OF THE FOLLOWING CRITERIA MUST BE ANSWERED.

APPLICANT NARRATIVE	
PROPOSED LICENSE PREMISES:	
Zoning District:	
1. Currently occupied (Yes or No):	
a. Type of use: <input type="checkbox"/> Restaurant, <input type="checkbox"/> Bar, <input type="checkbox"/> Retail, <input type="checkbox"/> Package Sales, <input type="checkbox"/> Bottle Club, <input type="checkbox"/> Other (specify)	
b. Type of beverage license previously at this location:	
i. State License Number:	
2. Gross Square feet of premises:	
3. Proposed number of seats (bar and restaurant)	
a. Indoor:	b. Outdoor:
4. Number of off-street parking spaces dedicated to licensed premises (if applicable):	
5. Name of street adjacent to primary entrance of premises:	
6. If located within a shopping center, as part of a group of stores:	
a. Name of shopping center:	
b. Gross square footage of shopping center:	
7. Protected land uses within 400 feet of property line (Yes or No) (Not applicable for restaurants with SRX or >50% food sales): <i>Protected land uses include houses of worship, schools, and childcare facilities.</i>	
8. Hours of Operation when Alcohol will be served:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday:	
9. Percent of gross sales estimated to be from the sale of alcoholic beverages:	
10. Name and address of other businesses within St. Petersburg, which are owned by the same principal(s) and have an alcoholic beverage license:	