



CITY OF BROOKSVILLE
ALCOHOLIC BEVERAGE USE PERMIT
APPLICATION

Land Development Code; Article IV

Permit Type (check one):

- * *On-site* premise consumption; presented to City Council by Resolution.
- Off-site* premise consumption; administrative review only.
- Temporary* event permit; administrative review only.

License Classification: _____

Business Location: _____

Legal Description: Subdivision _____ Lot _____ Block _____

See Attached

Applicant Information:

Applicant

Name: _____

d/b/a: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Property Owner *

Name: _____

d/b/a: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

**If the applicant is not the property owner, submit a written consent from the owner along with this application.*

Written consent from property owner attached, if applicable. Not Applicable

* Application Fee in the amount of \$100.00 attached. (Per Res. 2018-01 effective 3/1/18)

Applicant's Statement:

I certify that I have not been convicted of any felony under Florida law or the laws of the United States; that I have not been convicted of any misdemeanor relating to prostitution, obscenity, nuisance, indecent exposure, disorderly conduct, or gambling; and that I have not previously had a license for the sale of alcoholic beverages revoked by Florida's Department of Business & Professional Regulation, Division of Alcoholic Beverages and Tobacco.

Applicant's Name (Print or Type)

Applicant's Signature

Date

If you have any questions concerning this application, please contact the City of Brooksville Community Development Department at (352) 540-3810.

FOR DEPARTMENT USE ONLY

Administrative Review (for off-site premise consumption or for temporary event):

I have reviewed the above application for an Alcoholic Beverage Use Permit and have determined that it meets all requirements of Article IV, Part 4-8, of the City Code.

Administrator's Name (Print or Type)

Administrator's Signature

Date

Council Review (for on-site premise consumption only):

City Council hearing date: _____ Resolution No. _____

Council Recommendation: Approve Approve with conditions Deny