

Special Use Alcoholic Beverage Permit Application Package (No Waivers Required)



Hillsborough
County Florida
Development Services

Procedures for Issuance of Special Use - Alcoholic Beverage Permits (No Waivers Required)

A. General Information

This application is for proposed Alcoholic Beverage Permits, commonly known as “wet zonings,” which meet the separation requirements found in [Section 6.11.11.D of the Land Development Code](#) for the specific category of Alcoholic Beverage permit being requested. This application is administratively reviewed by staff in accordance with the procedures found in [LDC Section 10.01.00](#).

B. Application Submittal

Documents must be submitted as separate PDF documents with a minimum image resolution of 300 dpi labeled according to their contents and submitted in a single email to ZoningIntake-DSD@HCFL.Gov. Incomplete submittals will receive an email indicating the documents that are missing and will require a full resubmittal. Payment instructions shall be emailed to the applicant after verification of a complete application submittal.

For questions regarding the application process or requirements, please email ZoningIntake-DSD@HCFL.Gov.

C. Application and Fees

Applications will be assigned for review when all submittal requirements are met and payment of the [application fee](#) is received. Submittal requirements may be found on Page 7 of this application.

Please note: If you plan to submit an [Alcoholic Beverage Verification application](#) for local zoning sign-off on a state Alcoholic Beverage license in connection with this proposed wet zoning, you must submit a separate Alcoholic Beverage Verification application with this wet zoning application. Payment of a review fee is not required for the Alcoholic Beverage Verification application **provided that it's submitted simultaneously with this wet zoning application**. All other Alcoholic Beverage Verification applications shall require payment of a separate [fee](#) for each sign-off.

D. Completeness Review

Permit reviews for application submittals which are determined to be incomplete may be delayed or terminated as prescribed herein unless appropriate information is submitted to bring application into conformance with submittal requirements herein.

If in the course of the application review it is discovered that the proposed permit location does not meet the distance requirements in accordance with [LDC Sec. 6.11.11.D](#), this application shall be withdrawn by the applicant and a [refund](#) may be requested. A [Special Use \(Alcoholic Beverage Permit - Waivers Required\)](#) application may be submitted to be reviewed in accordance with the procedures found in [LDC Section 10.02.00](#). Special Use AB with Waivers applications require a noticed hearing before the Land Use Hearing Officer (LUHO).

E. Review Period

Please allow 30 business days (approximately six calendar weeks) for the review to be completed. Decisions will be emailed to the designated representative identified on the application. If a designated representative is not identified, the decision will be emailed to the applicant.



**Hillsborough
County Florida**
Development Services

Special Use Alcoholic Beverage Permit Application (No Waivers Required)

Official Use Only

Application No: _____ Intake Date: _____ Receipt Number: _____ Intake Staff Signature: _____

Property Information

Address: _____ City/State/Zip: _____

SEC-TWN-RN: _____ Zoning: _____ Future Land Use: _____ Property Size: _____

Folio(s): _____

Property Owner Information

Name: _____ Daytime Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number: _____

Applicant Information

Name: _____ Daytime Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number: _____

Applicant's Representative (if different than above)

Name: _____ Daytime Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number: _____

I hereby swear or affirm that all the information provided in the submitted application packet is true and accurate, to the best of my knowledge, and authorize the representative listed above to act on my behalf on this application.

Signature of the Applicant

Type or print name

I hereby authorize the processing of this application and recognize that the final action taken on this petition shall be binding to the property as well as to the current and any future owners.

Signature of the Owner(s) – (All parties on the deed must sign)

Type or print name



Affidavit to Authorize Agent

(If applicant is other than owner)

State of Florida
County of Hillsborough

(Name of all property owners), being first duly sworn, depose(s) and say(s):

1. That (I am/we are) the owner(s) and record title holder(s) of the following described property, to wit:
Address or general location: _____ Folio No(s): _____
2. That this property constitutes the property for which a request for a: _____
_____ (Nature of request) is being applied to the Board of County Commissioners, Hillsborough County.
3. That the undersigned (has/have) appointed _____
as (his/their) agent(s) to execute any permits or other documents necessary to affect such permit.
4. That this affidavit has been executed to induce Hillsborough County, Florida, to consider and act on the above-described property;
5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

Signed (Property Owner)

Signed (Property Owner)

Type or Print Name

Type or Print Name

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, _____, by _____
(year) (name of person acknowledging)

☐ Personally Known OR ☐ Produced Identification
Type of Identification Produced _____

(Signature of Notary taking acknowledgment)

Type or Print Name of Notary Public

Commission number

Expiration date

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, _____, by _____
(year) (name of person acknowledging)

☐ Personally Known OR ☐ Produced Identification
Type of Identification Produced _____

(Signature of Notary taking acknowledgment)

Type or Print Name of Notary Public

Commission number

Expiration date



Official Use Only

List each folio within the proposed project along with the corresponding information for each. (Use additional sheets if necessary).

08/2026



**Hillsborough
County Florida**
Development Services

Identification of Sensitive/Protected Information and Acknowledgement of Public Records

Pursuant to [Chapter 119 Florida Statutes](#), all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact [Hillsborough County Development Services](#) to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under [Florida Statutes §119.071\(4\)](#) will need to contact [Hillsborough County Development Services](#) to obtain a release of exempt parcel information.

Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS? ☐ Yes ☐ No

I hereby confirm that the material submitted with this application

☐ Includes sensitive and/or protected information.

Type of information included and location _____

☐ Does not include sensitive and/or protected information.

Please note: Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the application can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

Signature: _____
(Must be signed by applicant or authorized representative)

Intake Staff Signature: _____ Date: _____



Alcoholic Beverage Sales Sign Off/Verification

Office Use Only

Application Number: _____ Received Date: _____ Received By: _____

Customer Information:

Applicant's Name: _____

Applicant is: ☐ Property Owner ☐ Representative
☐ Tenant ☐ Other (please specify): _____

Phone Number: _____ Email: _____

Site Information:

Folio Number: _____

License Address (including suite numbers): _____

Name of Establishment: _____ Previous name: _____

1. What is the requested license series? _____

2. Is the establishment located within Unincorporated Hillsborough County? ☐ Yes ☐ No

If you answered No, and the establishment is located in the City of Tampa, Temple Terrace or Plant City, you must contact that jurisdiction's Zoning Department for verification.

3. Have alcoholic beverages previously been sold or consumed on these premises? ☐ Yes ☐ No

If you answered No, then the property will need to receive an Alcoholic Beverage (AB) Special Use Permit from the County. Additionally, please note that AB Permits, commonly known as wet zonings, are typically granted for individual premises and/or structures, not for an entire parcel. If alcoholic beverages have not been sold or consumed on the exact premises in question, or if you are seeking a more intense license series or are increasing/expanding the size or footprint of the existing licensed premises, you will likely need a new AB Permit (wet zoning). Please contact [Zoning Counseling](#) for assistance.

4. Is this the initial verification (new "wet zoning"), or a transfer of a license into an existing "wet zoned" establishment? ☐ New ☐ Transfer

5. Do you have a copy of the AB Permit (wet zoning) approval for the premises? (Administrative approval or Land Use Hearing Officer Decision.) ☐ Yes (Attach copy) ☐ No

6. Submit a neatly drawn site plan showing all buildings on the parcel where the licensed premises will be located. Additionally, the footprint of the licensed premises shall be depicted on the site plan. Also include a diagram of the premises' floor plan which includes the exterior dimensions of the premises and the size of the premises in square feet. ☐ Included

Applicant Signature: _____ Date: _____



Submission Requirements for Special Use - Alcoholic Beverage Permit (No Waiver Required)

Incomplete applications will not be accepted.

Included	N/A	Requirements
1	☐	<u>Application form</u> (included in this package)
2	☐	<u>Affidavit(s) to Authorize Agent</u> (if applicable) NOTE: All property owners must sign either the Application form or the Affidavit to Authorize Agent. If property is owned by a corporation, submit the Sunbiz information indicating that you are authorized to sign the application and/or affidavit.
3	☐	<u>Sunbiz Form</u> (if applicable). This can be obtained at Sunbiz.org .
4	☐	<u>Property/Project Information Sheet</u> All information must be completed for each folio included in the request.
5	☐	<u>Identification of Sensitive/Protected Information and Acknowledgement of Public Records</u>
6	☐	Copy of Current Recorded Deed(s) for the subject property
7	☐	Project Description/Written Statement
8	☐	Legal Description for the subject site.
9	☐	Site Plan Submit a neatly drawn site plan showing all buildings on the parcel where the proposed wet zoning will be located. Additionally, the footprint of the wet zoning shall be depicted on the site plan. If the proposed wet zoning is located in a shopping center, the site plan must show the unit location within the commercial building.
10	☐	<u>Wetzone Survey</u> Prepared by a Florida registered land surveyor in accordance with DRPM Section 4.1.2.C.7 .
11	☐	Copy of Code Enforcement/Building Code Violation(s) (if applicable)
12	☐	Supplemental Information (optional)

Please note: To avoid an additional fee, when submitting this wet zoning application, you will also need to submit an [Alcoholic Beverage Sign Off/Verification application](#) as required to obtain a state Alcoholic Beverage license. A fee will not be charged for the [Alcoholic Beverage Sign Off/Verification application](#) provided that it's submitted simultaneously with this wet zoning application. All other Alcoholic Beverage Sign Off/Verification applications, including those related to this application but submitted at a later date, will be assessed a separate fee for each sign-off.

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|-----------|--------------------------|--|
| 13 | ☐ | <u>Alcoholic Beverage Sign Off/Verification Application</u> for State Alcoholic Beverage License Signoff. |
| 14 | ☐ | <u>State of Florida DBPR Application Sections</u> - From Form ABT-6001 . Applications for a new Alcoholic Beverage License <ul style="list-style-type: none">• Include Section 1 - Check License Category, Section 4 - Description of Premises to be Licensed, and Section 5 - Application Approvals. |
| OR | | |
| 15 | ☐ | <u>State of Florida DBPR Application Sections</u> - From Form ABT-6014 . Application for Change of Location/Change in Series or Type <ul style="list-style-type: none">• Include Section 1 - Check Transaction, Series or Type Requested, Section 3 - Description of Premises to be Licensed, and Section 4 - Application Approvals/Zoning. |