Temporary Alcoholic Beverage License Verification (Sign-Off) Application

Hillsborough County Florida
Development Services

The State of Florida requires local zoning verification sign-offs for the issuance of Temporary Alcoholic Beverage (TAB) licenses. To request a zoning sign-off for locations in the unincorporated area of Hillsborough County, you must complete and submit the attached application.

Please note that under Section 6.11.11.A.3 of the Land Development Code, the temporary sale and/or consumption of alcoholic beverages:

- Must be licensed by the state and cannot occur more than 6 times at the same location in a 12-month period; and,
- Must be in conjunction with a permitted use or permitted temporary event at the location (i.e., Conditional Use for Neighborhood Fair or Carnival).

In most cases, TAB license sign-offs for temporary outdoor events require prior or concurrent approval of a Conditional Use permit by Development Services staff for a Neighborhood Fair (non-profit organizations) or Circus/Carnival (for-profit organizations). Indoor events do not require approval of a Conditional Use temporary event permit, but may be subject to other restrictions.

Neighborhood Fairs are allowed in all zoning districts except SPI-UC-3, subject to compliance with the requirements of LDC Section 6.11.64 and approval of a Conditional Use permit. Carnivals/Circuses are allowed only in the M, CG and CI zoning districts, subject to compliance with the requirements of LDC Section 6.11.26 and approval of a Conditional Use permit, except when located on property zoned CG, approval of a Special Use permit by a Land Use Hearing Officer through a noticed public hearing process is required.

Neighborhood Fair permits are valid for up to five separate fairs at the same location, provided there are no changes to site conditions from the first fair for each subsequent fair under the permit, and the permit holder submits certification of this to Development Services no less than seven days prior to each subsequent fair. Carnival/Circus permits are valid for only one event.

Fee Payment

Each TAB license Local Zoning Verification sign-off requires payment of the fee found in the Development Services fee schedule, except that no fee is required for the **first event's** TAB license sign-off that is **submitted simultaneously with a Conditional Use application** for a Neighborhood Fair. TAB license sign-offs for each subsequent event allowed under the Neighborhood Fair permit shall require payment of a separate fee for each sign-off.

Application Submittal and Questions

Submittal of all applicable documentation on the attached checklist is required to obtain a Temporary Alcoholic Beverage Permit sign-off. Complete applications should be submitted to ZoningIntake-DSD@HCFL.gov.

For questions regarding this documentation, please contact ZoningIntake-DSD@HCFL.gov.

Completed verifications will be returned to the email provided.

Hillsborough County Florida
Development Services

Temporary Alcoholic Beverage Sales Sign Off/Verification

Office Use Only

Application Number: **Received Date:** **Received By:**

Property Owner Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax Number: _____

Applicant Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax Number: _____

Site Location Information

Address: _____

Folio Number(s)*: _____

*Please go to http://www.hcpafl.org/ to obtain the Folio Number(s) of the property(ies).

Name of location/establishment: _____

Event Information

Type of Event:

❑ Indoor Event

❑ Neighborhood Fair

Non-Profit Organization Name: _____ Conditional Use Application #: _____

❑ Carnival/Circus

Conditional Use Application #: _____ or Special Use Application #: _____

How many Temporary Alcohol Beverage Sales permits have been issued on this property within the last 12 months? (temporary permits are allowed no more than six times within a 12-month period, per Section 6.11.11): _____

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.

_____ _____

Signature of the Applicant Date Signature of Owner Date

Hillsborough County Florida
Development Services

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)

_____ Type or Print Name

_____ Signed (Property Owner)

_____ 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_____, _____ (year) , by_____ (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_____, _____ (year) , by_____ (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

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: _____

Hillsborough County Florida
Development Services

Submittal Requirements for Temporary Alcoholic Beverage Sales Sign Off/Verification

Incomplete applications will not be accepted.

	Included	N/A	Requirements
1	☐		**Temporary Alcoholic Beverage Sales Sign Off/Verification form**
2	☐		**Copy of Current Recorded Deed(s) for the subject properties** (including properties where parking will be located)
3	☐	☐	**Affidavit(s) to Authorize Agent** (if applicable) NOTE: All property owners must sign either the Application form or the Affidavit to Authorize Agent. This includes property owners of parking locations. If property is owned by a corporation, submit the Sunbiz information indicating that you are authorized to sign the application and/or affidavit.
4	☐		**Identification of Sensitive/Protected Information and Acknowledgement of Public Records**
5	☐	☐	**Sunbiz Form** (if applicable). This can be obtained at Sunbiz.org.
6	☐		**Copy of complete and notarized "Affidavit of Applicant for Non-profit Civic Organization Alcoholic Beverage Permit" from the Florida Division of Alcoholic Beverages and Tobacco temporary alcohol beverage permit application.** (if applicable, not required for Carnival/Circus)
7	☐		**Site Plan** (if this TAB application is related to a Conditional Use - Neighborhood Fair or Special Use - Carnival/Circus, submit the same site plan that was included on those applications)