Alcoholic Beverage Verification Application

Hillsborough County Florida
Development Services

Important Information for All Applicants:

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

This application must accompany the license verification form provided to you by the Division of Alcoholic Beverages & Tobacco. Please allow up to 30 business days from the date of fee payment for processing of your application.

For questions regarding the submittal of this application, please email ZoningIntake-DSD@HCFL.gov.

Fee Payment

Each Alcoholic Beverage license Local Zoning Verification sign-off requires payment of the fee found in the Development Services fee schedule.

Please Note: No fee is required for the first Alcoholic Beverage license sign-off provided it is **submitted simultaneously with the Special Use-Alcoholic Beverage application**. Subsequent AB license sign-offs shall require payment of a separate fee for each sign-off.

Application Submittal, Requirements and Questions

Submittal of a complete application and all applicable documentation is required to obtain an Alcoholic Beverage License verification.

Complete applications shall be submitted to ZoningIntake-DSD@HCFL.gov.

Please do not submit any personal/confidential information to this office with or within your application.

State License Application Submittal Requirements: The following completed sections of your state license application must be submitted to this office for review of your application. Please do not submit any other sections of your state license application. The required section titles are as follows:

- **Check License Category -** Be sure the requested license series is identified.
- **License Information**
- **Description of Premises to be Licensed with Floor Plan**
- **Application Approvals** (Includes Zoning Authority Sign-Off)

For questions regarding state licensing documentation, please contact the Florida Division of Alcoholic Beverages and Tobacco through their online form or by calling (850) 487-1395.

Pages 2 and 3 of this application packet must accompany the license verification sign-off form provided to you by the Division of Alcoholic Beverages & Tobacco. Please note that completion of the review may take up to 30 business days from the date of fee payment for the processing of this application. Completed verifications will be returned to the email provided.

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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:_____

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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: _____