

# Special Use Alcoholic Beverage Permit Application Package (Waiver Required)



**Hillsborough County Florida**  
Development Services

This application is for proposed Alcoholic Beverage Permits, commonly known as “wet zonings,” which do not meet the separation requirements found in [Section 6.11.11 of the Land Development Code](#) for the specific category of Alcoholic Beverage permit being requested. This application requires review by a Land Use Hearing Officer (LUHO) through a noticed public hearing process in accordance with [LDC Section 10.02.00](#). The required information in this package is only the minimum necessary to schedule an application for hearing and Hillsborough County reserves the right to request additional information during review of the application.

## Instructions to Applicants for Requests Requiring Public Hearing:

### I. Prior to completing this application:

If you have any questions regarding your request or requirements prior to submittal of this application, please email [ZoningIntake-DSD@HCFL.Gov](mailto:ZoningIntake-DSD@HCFL.Gov).

Please ensure you gather items that will need to be submitted prior to submitting your application as incomplete applications will not be accepted. Some of the items necessary may be obtained as follows:

- **Property information** such as folio numbers, future land use, current zoning, section/township/range and other information may be obtained by using the [Hillsborough County Map Viewer](#) and searching for the necessary address in the search bar at the top.
- **Sunbiz Forms** may be obtained by visiting [Sunbiz.org](http://Sunbiz.org).
- **A Copy of the Current Recorded Deed(s)** may be obtained by visiting the Hillsborough County Property Appraiser’s website at [HCPAFL.org](http://HCPAFL.org) and conducting a Property Search. Search by folio number or property address and select the correct result. Scroll down to ‘Sales History’ and select the most recent ‘Instrument Number’. Select one of the results to view and save the current recorded deed.
- **Close Proximity Property Owners List** may be requested by emailing [gisdept@hcpafl.org](mailto:gisdept@hcpafl.org). Include all folio numbers and the buffer area in the request. *Please Note:* If your property has an Agricultural Future Land Use Designation or a Future Land Use Designation of RES-1 you must obtain a list of all property owners within 500 feet of the subject property. For all other Future Land Use Categories you must obtain a list of all property owners within 300 feet of the subject property.

### II. Application submittal:

Part A and Part B of the submittal requirements include specific requirements and their requisite forms necessary for a complete and sufficient application submission.

- **Part A** will verify the property owner has authorized the application and includes forms and documents needed to verify the area for the proposed change.
- **Part B** includes the specific additional submittal requirements for the type of application being submitted.

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](mailto:ZoningIntake-DSD@HCFL.Gov). Incomplete submittals will receive an email indicating the documents that are missing and will require a full resubmittal.

**IMPORTANT:** Review the entire application (both Parts A and B) for completeness prior to submission. Ensure you have your complete application submitted by 3:00 PM on the [cut-off day for your desired hearing](#) or your application will miss the cut-off and be continued to the next hearing date. Incomplete applications will not be accepted.

### III. Post-application submittal:

Complete submittals will receive a payment request email. The deadline to make the payment is **one business day** after you receive this request. Failure to complete the payment by the deadline will result in application delays and/or additional Fastrack fees. Please view our [current fee schedule](#) for a list of zoning fees. Payments must be made through the [HillsGovHub portal](#). Instructions on how to [create an account](#) and [how to make a payment](#) are also available.

Remember, the Hillsborough County Land Development Code requires public notice for this category of application. After payment is received, you will receive a Letter of Notice that must be sent to all addresses on the Close Proximity Property Owners List, the Distance Waiver Notification list and/or HOA list. A Certificate of Mailing must also be provided. Instructions on completing your Letter of Notice and obtaining a Certificate of Mailing, will be sent with the Letter of Notice via email. Mailing deadlines and the deadline to submit the certificate of mailing will also be included on this email.



# (SU-AB Waiver) Submittal Requirements for Applications Requiring Public Hearings

**Official Use Only**

Application No: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
 Hearing(s) and type: Date: \_\_\_\_\_ Type: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
 Date: \_\_\_\_\_ Type: \_\_\_\_\_ Intake Staff Signature: \_\_\_\_\_

Applicant/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Representative's Email: \_\_\_\_\_

The following information is used by reviewing agencies for their comments and should remain constant, with very few exceptions, throughout the review process. Additional reviews, such as legal description accuracy, compatibility of uses, agency reviews, etc., will still be conducted separately and may require additional revisions.

The following ownership information must be provided and will be verified upon submission initial submittal. If you are viewing this form electronically, you may click on each underlined item for additional information.

## Part A: Property Information & Owner Authorization Requirements

Included	N/A	Requirements
1	<input type="checkbox"/>	<u><b>Property/Applicant/Owner Information Form</b></u>
2	<input type="checkbox"/>	<u><b>Affidavit(s) to Authorize Agent</b></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	<input type="checkbox"/>	<u><b>Sunbiz Form</b></u> (if applicable). This can be obtained at <a href="http://Sunbiz.org">Sunbiz.org</a> .
4	<input type="checkbox"/>	<u><b>Property/Project Information Sheet</b></u> All information must be completed for each folio included in the request.
5	<input type="checkbox"/>	<u><b>Identification of Sensitive/Protected Information and Acknowledgement of Public Records</b></u>
6	<input type="checkbox"/>	<u><b>Copy of Current Recorded Deed(s)</b></u>
7	<input type="checkbox"/>	<u><b>Close Proximity Property Owners List</b></u>
8	<input type="checkbox"/>	<b>Legal Description</b> for the subject site
9	<input type="checkbox"/>	<b>Copy of Code Enforcement/Building Code Violation(s)</b> (if applicable)
10	<input type="checkbox"/>	<b>Fastrack Approval</b> (if applicable)

**Additional application-specific requirements are listed in Part B of this packet.**



# Property/Applicant/Owner Information Form

### Official Use Only

Application No: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
 Hearing(s) and type: Date: \_\_\_\_\_ Type: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
 Date: \_\_\_\_\_ Type: \_\_\_\_\_ Intake Staff Signature: \_\_\_\_\_

### Property Information

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 TWN-RN-SEC: \_\_\_\_\_ Folio(s): \_\_\_\_\_ Zoning: \_\_\_\_\_ Future Land Use: \_\_\_\_\_ Property Size: \_\_\_\_\_

### 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)  
  
\_\_\_\_\_  
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 \_\_\_\_\_, \_\_\_\_\_, 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



# Property/Project Information Sheet

**Official Use Only**

Application No: \_\_\_\_\_

Proposed Project Name (If applicable): \_\_\_\_\_ Related Applications: \_\_\_\_\_

Proposed Utilities:    Public water        Private Well        Public Wastewater        Septic Tank

Service Area:          Urban Service Area    City of Tampa        City of Temple Terrace

Is subject parcel (s) subject to foreseen lot splitting?        Yes                       No

Code Enforcement/Building Code violation No. (if applicable): \_\_\_\_\_

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

Folio Number	Owner(s) Name(s) as listed on the deed	Acreage	Current Zoning	Future Land Use Category	S/T/R**
	Total Acreage:				

\* If Current Zoning is PD, list PD application number as well.  
\*\* Section / Township / Range



**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 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 applicant 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: \_\_\_\_\_



# Specific Submittal Requirements for Special Use Alcoholic Beverage Permit (waiver required)

This application is for proposed Alcoholic Beverage Permits, commonly known as “wet zonings,” which do not meet the separation requirements found in [Section 6.11.11 of the Land Development Code](#) for the specific category of Alcoholic Beverage permit being requested. This application requires review by a Land Use Hearing Officer (LUHO) through a noticed public hearing process in accordance with [LDC Section 10.02.00](#). The required information below is only the minimum necessary to schedule an application for hearing and Hillsborough County reserves the right to request additional information during review of the application.

If you are viewing this form electronically, you may click on each underlined item for additional information.

## Part B: Project Information

### Additional Submittal Requirements for a Special Use - Alcoholic Beverage Permit (waiver required)

- 1  **Project Description/Written Statement**
- 2  **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.
- 3  **Wetzone Survey** - prepared by a Florida registered land surveyor in accordance with [DRPM Section 4.1.2.C.7](#)
- 4  **Distance Waiver Request Form**
- 5  **Distance Waiver Notification List** - As specified in [DRPM 12.5.A.3](#).
- 6  **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.

- 7  **Alcoholic Beverage Sign Off/Verification Application** for State Alcoholic Beverage License Signoff (optional)
- 8  **State of Florida DBPR Application Sections** - From [Form ABT-6001](#). Applications for a new Alcoholic Beverage License
  - Include Section 1 - Check License Category, Section 4 - Description of Premises to be Licensed, and Section 5 - Application Approvals

**OR**

- 9  **State of Florida DBPR Application Sections** - From [Form ABT-6014](#). Application for Change of Location/Change in Series or Type
  - Include Section 1 -Check Transaction, Series or Type Requested, Section 3 – Description of Premises to be Licensed, and Section 4 – Application Approvals/Zoning.



## **Alcoholic Beverage Special Use Distance Waiver Request**

[Land Development Code Section 6.11.11.D](#) prescribes separation requirements for proposed Alcoholic Beverage Permits, which are:

- (1) 1-APS and 2-APS
  - A. The distance from the “permitted” structure to certain community uses<sup>2</sup> shall be at least 500 feet.
  - B. The distance from the “permitted” structure to residentially zoned property shall be at least 50 feet from the side yard(s) and 20 feet from the functional rear yard.
- (2) 1-APS-IS and 2-APS-IS
  - A. The distance from the proposed structure to schools shall be 500 feet.
- (3) 2-COP-R, 2-COP-RX, 4-COP-RX, AND 11C (Golf Clubs, Tennis and Racquetball Clubs, Wedding and Special Occasion Reception Halls)
  - A. The distance from the “permitted” structure to certain community uses shall be at least 500 feet.
  - B. The distance from the “permitted” structure to residentially zoned property shall be at least 150 feet.
- (4) 3-P S, 2-COP, 2-COP-X, 4-COP, 4-COP-X, 4-COP-SX, 4-COP-SBX, 11-C (Social Clubs) and Bottle Clubs
  - A. The distance from the “permitted” structure to certain community uses shall be at least 500 feet.
  - B. The distance from the “permitted” structure to residentially zoned property shall be at least 250 feet.
  - C. There shall be no more than three approved 3-PS, 2-COP, 2-COP-X, 4-COP, 4-COP-X, 4-COP-SX, 4-COP-SBX, 11-C (Social Club) or Bottle Club Alcoholic Beverage Use Permits within 1,000 feet of the proposed Special Use as measured from the “permitted” structure to the existing Alcoholic Beverage Conditional Use or wet-zoning approved under previous zoning regulations as well as nonconforming wet-zoned establishments.

<sup>2</sup>“Certain community uses” shall include churches/synagogues, schools, child care centers, public libraries, community recreational facilities and parks.





# Alcoholic Beverage Special Use Distance Waiver Request

The Land Use Hearing Officer shall consider a waiver of the distance requirements from certain existing community uses and residentially zoned property, and/or from the maximum number of alcoholic beverage establishments within 1000 feet of the proposed Alcoholic Beverage Special Use. The Land Use Hearing Officer shall consider in connection with each waiver whether special or unique circumstances exist such that the proposed use does not have significant negative impacts on surrounding land uses and whether certain circumstances exist such that the necessity for the specified distance requirement is negated.

This request does not meet the following locational requirements:

---

---

---

---

---

---

The special or unique circumstances that cause the proposed use to not have a significant negative impact on surrounding land uses are:

---

---

---

---

---

---

---

---

---

---

The circumstances that negate the need for the specified distance requirement are:

---

---

---

---

---

---

---

---

---

---

If more than one waiver is required the applicant shall provide a separate Attachment B for each waiver



# 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 structure, 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: \_\_\_\_\_