

ABS
EHL

APPLICATION FOR ALCOHOLIC BEVERAGE SALES
EXTENDED HOURS LICENSE



Date: _____
Case No.: _____

Filing Fees: Refer to Development Application Fee Schedule.

Amount Paid _____ Date _____ PZB Town Commission Other

APPLICANT'S NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

NAME AND ADDRESS OF OWNER IF OTHER THAN PETITIONER: _____

FLORIDA ALCOHOLIC BEVERAGE LICENSE NUMBER: _____

TOWN BUSINESS TAX RECEIPT NUMBER: _____

SEATING CAPACITY: _____ NUMBER OF OFF-STREET PARKING SPACES: _____

SQUARE FOOTAGE OF RESTAURANT / SEATING AREA: _____

HOURS PRESENTLY SERVING ALCOHOLIC BEVERAGES: _____

HOURS SERVING FULL COURSE MEALS: _____

NAME OF SECURITY ON PREMISES AND WHAT HOURS THEY PATROL: _____

OWNER / AGENT CERTIFICATE:

This is to certify that I am the owner/agent of subject lands described above in the Application for Alcohol Beverage Sales Extended Hours License, and that all information supplied herein is true and correct to the best of my knowledge. By signing this application, owner/agent specifically agrees to allow access to described property at reasonable times by Town personnel for the purpose of verification of information provided by owner/agent.

Signature of owner/agent: _____ Sworn to and subscribed before
me this _____ day of _____ 20____, by _____.

He/She is personally known to me, or

He/She has presented _____ as identification.

Signature of Notary Public _____ Type or Print Name _____

FOR STAFF USE ONLY

Planning and Zoning Board Date: _____ () Approved () Denied () Approved with conditions

Town Commission Date: _____ () Approved () Denied () Approved with conditions

Revision 2/2021