

ABP #: _____



CITY OF MADEIRA BEACH

PLANNING AND ZONING DEPARTMENT
300 MUNICIPAL DRIVE ♦ MADEIRA BEACH, FLORIDA 33708
(727) 391-9951 EXT. 255 ♦ FAX (727) 399-1131
Email: planning@madeirabeachfl.gov



ALCOHOLIC BEVERAGE PERMIT APPLICATION

Applicant's Name: _____

Type of License Requested: _____

Name of Partnership, Corporation, LLC (if applicable): _____

Mailing Address: _____

Phone(s): _____ Email: _____

Type of Ownership: Individual Partnership Corporation LLC

Name of Business: _____ Business Phone: _____

Physical Address: _____

Parcel #: _____

Legal Description: _____

Number of Seats: Inside: _____ Outside: _____

Zoning District:

- C-1 Tourist Commercial
- C-2 John's Pass Marine Commercial
- C-3 Retail Commercial
- C-4 Marine Commercial
- R-3 Only Restaurant

Classification:

- Package store, beer & wine
- Retail Store, beer, wine
- Package store, beer, wine, liquor
- Restaurants
- Bar
- Club
- Charter Boats

Number of Parking Spaces: _____ HC Parking Spaces: _____ Bike Racks: _____

DISCLAIMER: According to Florida Statutes, Chapter 119, it is the policy of this state that all state, county, and municipal records are open for personal inspection and copying by any person. Providing access to public records is a duty of each agency. All documents and information not specified in F.S. 119.071 and 119.0713 are subject to public record requests.

Hours of Operation:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

General Description of Business: _____

Supporting Materials Required:

Property Owner's Written Approval

Property Survey

Site Plan

Signed Certificate of Wet Zone

Questionnaire: On a separate piece of paper, please answer the following questions:

1. The extent to which the location and the extent to which the proposed alcoholic beverage request will adversely affect the character of the existing neighborhood.
2. The extent to which traffic generated as a result of the location of the proposed alcoholic beverage request will create congestion or present a safety hazard.
3. Whether or not the proposed use is compatible with the particular location for which it is proposed.
4. Whether or not the proposed use will adversely affect the public safety.
5. No application for review under this section shall be considered until the applicant has paid in full any outstanding charges, fees, interest, fines or penalties owned by the applicant to the City under any section of the code.

Affidavit of Applicant:

I understand that this Alcoholic Beverage Permit Application, with its attachments, becomes a permanent record for the City of Madeira Beach and hereby certify that all statements made herein together with any attachments, are true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

ABP #: _____

****For City of Madeira Beach Use Only****

Fee: \$300.00 Check # _____ Cash Receipt # _____

Date Received: _____ Received by: _____

ABP# Assigned: _____

BOC Hearing Date: _____ Approved Denied

Community Development Director Date: _____

City Manager Date: _____