ABF	. 44		
ABI	· #:		



CITY OF MADEIRA BEACH

PLANNING & 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:								
	Partnership Corporation LLC							
Name of Business:	Business Phone:							
Physical Address:								
	·							
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, liquo	Restaurants							
☐ Bar	☐ Club ☐ Charter Boats							
Number of Parking Spaces:HC I	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.

		ABP #:
Hours of Operation:		
Monday:		_
Tuesday:		_
Wednesday:		_
Thursday:		_
Friday:		_
Saturday:		<u> </u>
Sunday:		_
General Description of Busi	ness:	
Supporting Materials Requi	red:	
☐ Property Owner	r's Written Approval	☐ Property Survey
☐ Site Plan		
Questionnaire: On a separa	ate piece of paper, please an	swer the following questions:
	location and the extent to wh	ich the proposed alcoholic beverage request will rhood.
	ffic generated as a result of testion or present a safety haz	the location of the proposed alcoholic beverage ard.
3. Whether or not the prop	osed use is compatible with t	he particular location for which it is proposed.
4. Whether or not the prop	oosed use will adversely affec	t the public safety.
		considered until the applicant has paid in full any sowned by the applicant to the City under any
Affidavit of Applicant:		
record for the City of Made	•	tion, with its attachments, becomes a permanent that all statements made herein together with
Signature of Applicant:		Date:

ABP #:	
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For City of Madeira Beach Use Only						
<u>Fee:</u> \$500.00 □ Check#	Cash	☐ Receipt #				
Date Received:	Received by:					
ABP# Assigned:						
BOC Hearing Date:	\square Approved	☐ Denied				
	Date:					
Community Development Director						
	Date:					
City Manager						