		ABP #:
THE REACTION OF THE REACTION O	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	THE LAS COUNTY

ALCOHOLIC BEVERAGE PERMIT APPLICATION

Applicant's Name:						
Type of License Requested:						
Name of Partnership, Corporation, LLC (if applicable):						
Mailing Address:						
Phone(s): Ema	Email:					
Type of Ownership: 🗌 Individual 🗌 Partners	hip \Box Corporation \Box LLC					
me 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	PD Planned Development					
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:	aces: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 B	usiness:			
Supporting Materials Re	quired:			
Property Owner's Written Approval		Property Survey		
🗌 Site Plan				

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 #:					
Ear City of Madaira Roach Usa Only							
For City of Madeira Beach Use Only							
Fee: \$500.00 □ Check #	Cash	Receipt #					
Date Received:	Received by:						
ABP# Assigned:							
BOC Hearing Date:	□ Approved	Denied					
	Date:						
Community Development Director							
	Date:						
City Manager							