



<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied <input type="checkbox"/> Approval with conditions below
Amount Paid: _____	Receipt #: _____
Development Services Director: _____	

# City of Green Cove Springs

## Application for Sale of Alcohol

You must have all information for your application to be considered complete. Incomplete applications will not be accepted.

### A. PROCESS

1. Zoning Approval .
2. Pay Review Fee.

### B. PROJECT

1. Business Name \_\_\_\_\_
2. Owner's Name: \_\_\_\_\_
3. Address of Subject Property: \_\_\_\_\_
4. Parcel ID Number(s): \_\_\_\_\_
5. Existing Use of Property: \_\_\_\_\_
6. Proposed Use of Property: \_\_\_\_\_
8. Type of Alcohol License Applied for: \_\_\_\_\_

### D. APPLICANT

1. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
 Company (if applicable): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: (904 ) \_\_\_\_\_ FAX: (904 ) \_\_\_\_\_ e-mail: \_\_\_\_\_

### I/We certify and acknowledge that:

1. Prior to receiving a final certificate of occupancy I/We must comply with the current Florida Building Code through the Development Services Department and obtain any necessary permits.
2. I/We must comply with the requirements of the State of Florida Department of Business and Professional Regulation.
3. I /We must obtain a Local Business Tax License.
4. I/We must meet parking standards and any use specific standards for the zoning district.
5. Falsifying information may result in the Alcohol approval being revoked.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\*\*\*

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_

as identification.

NOTARY SEAL \_\_\_\_\_

<b>Office Use Only:</b>	
Review Date:	_____
FLUM:	_____
Zoning District:	_____
Architectural Review Board Approval required:	<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, Date of Approval: _____
Special Exception:	<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, date and conditions met: _____
Previous Site Plan Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, Date of Approval: _____
Alcoholic Beverage License Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No      Application been submitted? _____
Comments/Conditions of Approval:	_____
	_____
	_____
	_____