

**APPLICATION FOR ADMINISTRATIVE USE PERMIT FOR
ALCOHOL SALES (PACKAGE SALES AND CONSUMPTION ON PREMISES)
(Pasco County Land Development Code, Section 402.5.D)**

Application No. _____ (County Will Assign No.)

Date of Application: _____

It shall be the responsibility of the applicant, or his/her legal agent of record, to provide all the information required below or any other information which is reasonable and relevant to the formulation of a recommendation to the request being considered.

This application shall not be deemed complete until all required information is provided.

1. **Business Owner's Name(s):** _____

2. Business Name and Business Address (Include Unit #, if applicable):

City: _____ State: _____ Zip Code: _____

E-mail: _____

3. **Property Owner's Name(s):** _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

4. **Parcel ID No.:** _____

5. Letter of Permission by legal property owner or authorized agent (notarized) on company letterhead.

6. Is the site located within 1,000 feet of a church, school, or park? **if yes,** a waiver must be applied for/ approved.

7. Site Plan showing exact location of business on property, including dimensions of building or square footage of unit, name of shopping center or plaza. Must provide breakdown of square footage of the unit/ building and any/all outdoor patio seating areas.

Interior square footage _____ Exterior (outdoor patio) square footage _____

8. Application Fee: \$620.00 + \$25.00 Technology fee +\$12.75 Public Notice Sign. Make checks payable to Pasco County BCC (Board of County Commissioners).

9. State of Florida Department of Business and Professional Regulation, Division of Alcoholic Beverages and Tobacco, Application for Alcoholic License packet completed (DBPR Form - ABT-6001 or ABT-6014). Enter series & type of License being applied for: consumption on premises, package sales, etc.

10. Two signed and sealed legal descriptions and sketches of property or boundary survey prepared by a registered surveyor to be supplied at time of application.

OWNER'S/REPRESENTATIVE'S SIGNATURE

OWNER'S/REPRESENTATIVE'S NAME (PLEASE PRINT)

AGENT OF RECORD LETTER

TO THE PASCO COUNTY PLANNING AND DEVELOPMENT DEPARTMENT:

I (We), _____ hereby designate and appoint _____ as my (our) Agent of Record for the purposes of representing me (us) during the application review process for an administrative use permit for the sale of alcoholic beverages in accordance with the Pasco County Land Development Code Section 402.5.D.

My (Our) Agent of Record is hereby vested with authority to make any representations, agreements, or promises which are necessary or desirable in conjunction with the application process. My (Our) Agent of Record is also authorized to accept or reject any conditions imposed by any reviewing board or entity.

Dated this _____ day of _____, _____.

APPLICANT(S)/OWNER(S)

APPLICANT(S)/OWNER(S)

PRINTED NAME(S) OF APPLICANT(S)/OWNER(S)

PRINTED NAME OF APPLICANT(S)/OWNER(S)

APPLICANT'S(S)' REPRESENTATIVE

PRINTED NAME OF REPRESENTATIVE

REPRESENTATIVE'S ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

EMAIL

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ (date) by _____ (name of person acknowledging), who is personally known to me or who has produced _____ (type of identification) as identification.

Seal: _____

NOTE: If an Agent of Record is to be designated, **all** property owners of the subject property **must** sign this form.