## BEVERAGE LICENSE ZONING REVIEW APPLICATION



Growth Management Department 205 North Marion Ave. Lake City, FL 32055 (386) 719-5750 FAX (386) 758-5426

A/P #	FEE: \$25.00	gro	wthmanagement@lcfla.com	
This application is for: New License	Name Change	Address Change	Change of Ownership	
Upgrade to Existing License One, Two	or Three Day Event	Change of Loc	ation Other	
Type/Class of Florida Beverage License Applyi	ng for:			
Applicant Information:				
Name:				
Address:				
Phone Number:				
E-mail Address:				
Business and Location Information:				
Name:				
Address:				
Phone Number:				
Web Address:				
Parcel ID Number(s):  Range - Township	S - Section Subo	- livision# -	Parcel #	
Additional Information:				
Type of Business for license: Retail	Restaurant Bar/Lo	unge Tavern	Liquor Store Vendor	
Night Club/Dance Club Bottle Club	Fund Raiser Dist	ributor Golf (	Course Other	
Square Footage of Building	Seating Capa	icity		
Will there be Live Entertainment or DJ:	Yes No I	Night Club: Ye	es No	
You will need to submit the original complete	d Florida Beverage	Application with t	his form for Growth	

Signature and notarization on next page

Management sign off and the Owner Agent Form.

Signature of l	Property Owner or Owner Agent n Applicant)	Γ	Pate
Printed Nam	e of Property Owner or Owner A	gent	
STATE OF FLO COUNTY OF			
I hereby certify that of physical prehas produced who executed the fouses and purposes to	t on this day, sence or online notarization, wh  regoing instrument and who acknow herein expressed.	personally be personally be personally be personally known to as identification, who is ledged before me that the	v appeared before me, by means o me or who the person described in and ney executed the same for the
Witnessed by my ha	nd and official seal, thisday	of, 2021.	
·	SEAL or STAMP)  OR Produced Identification	Signature of Notary  Printed Name of Notary	
	Growth Management Only Below	This Line	
Land Use:	SAP:		
CU/CUP	PD/PUD	DRI	VAR
Flood Zone	Wetlands Yes No	Impact Fee I	District