

Special Use Alcoholic Beverage Permit Application Package (No Waivers Required)



Hillsborough
County Florida
Development Services

Procedures for Issuance of Special Use - Alcoholic Beverage Permits (No Waivers Required)

A. General Information

This application is for proposed Alcoholic Beverage Permits, commonly known as “wet zonings,” which meet the separation requirements found in [Section 6.11.11.D of the Land Development Code](#) for the specific category of Alcoholic Beverage permit being requested. This application is administratively reviewed by staff in accordance with the procedures found in [LDC Section 10.01.00](#).

B. Application Submittal

Documents must be submitted as separate PDF documents with a minimum image resolution of 300 dpi labeled according to their contents and submitted in a single email to ZoningIntake-DSD@HCFLGov.net. Incomplete submittals will receive an email indicating the documents that are missing and will require a full resubmittal. Payment instruction shall be emailed to the applicant after verification of a complete application submittal.

For questions regarding the application process or requirements, please email ZoningIntake-DSD@HCFLGov.net.

C. Application and Fees

Applications will be assigned for review when all submittal requirements are met and payment of the [application fee](#) is received. Submittal requirements may be found on Page 6 of this application.

Please note: If you plan to submit an [Alcoholic Beverage Verification application](#) for local zoning sign-off on a state Alcoholic Beverage license in connection with this proposed wet zoning, you must submit a separate Alcoholic Beverage Verification application with this wet zoning application. Payment of a review fee is not required for the Alcoholic Beverage Verification application **provided that it's submitted simultaneously with this wet zoning application**. All other Alcoholic Beverage Verification applications shall require payment of a separate [fee](#) for each sign-off.

D. Completeness Review

Permit reviews for application submittals which are determined to be incomplete may be delayed or terminated as prescribed herein unless appropriate information is submitted to bring application into conformance with submittal requirements herein.

E. Review Period

Please allow 30 business days (approximately six calendar weeks) for the review to be completed. Decisions will be emailed to the designated representative identified on the application. If a designated representative is not identified, the decision will be emailed to the applicant.



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Official Use Only

Application No: _____ Intake Date: _____ Receipt Number: _____ Intake Staff Signature: _____

Property Information

Address: _____ City/State/Zip: _____

TWN-RN-SEC: _____ Folio(s): _____ Zoning: _____ Future Land Use: _____ Property Size: _____

Property Owner Information

Name: _____ Daytime Phone _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number _____

Applicant Information

Name: _____ Daytime Phone _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number _____

Applicant's Representative (if different than above)

Name: _____ Daytime Phone _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number _____

I hereby swear or affirm that all the information provided in the submitted application packet is true and accurate, to the best of my knowledge, and authorize the representative listed above to act on my behalf on this application.

Signature of the Applicant

Type or print name

I hereby authorize the processing of this application and recognize that the final action taken on this petition shall be binding to the property as well as to the current and any future owners.

Signature of the Owner(s) – (All parties on the deed must sign)

Type or print name

Identification of Sensitive/Protected Information and Acknowledgement of Public Records



**Hillsborough
County Florida**
Development Services

Pursuant to [Chapter 119 Florida Statutes](#), all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact [Hillsborough County Development Services](#) to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under [Florida Statutes §119.071\(4\)](#) will need to contact [Hillsborough County Development Services](#) to obtain a release of exempt parcel information.

Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS? Yes No

I hereby confirm that the material submitted with application _____

Includes sensitive and/or protected information.

Type of information included and location _____

Does not include sensitive and/or protected information.

Please note: Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the applicant can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

Signature: _____
(Must be signed by applicant or authorized representative)

Intake Staff Signature: _____ Date: _____



Submittal Requirements for Special Use - Alcoholic Beverage Permit (No Waiver Required)

Incomplete applications will not be accepted

	Included	N/A	Requirements
1	<input type="checkbox"/>	<input type="checkbox"/>	Application form (included in this package)
2	<input type="checkbox"/>	<input type="checkbox"/>	Affidavit(s) to Authorize Agent (if applicable) NOTE: All property owners must sign either the Application form or the Affidavit to Authorize Agent. If property is owned by a corporation, submit the Sunbiz information indicating that you are authorize to sign the application and/or affidavit.
3	<input type="checkbox"/>	<input type="checkbox"/>	Sunbiz Form (if applicable). This can be obtained at Sunbiz.org .
4	<input type="checkbox"/>	<input type="checkbox"/>	Property/Project Information Sheet All information must be completed for each folio included in the request.
5	<input type="checkbox"/>	<input type="checkbox"/>	Identification of Sensitive/Protected Information and Acknowledgement of Public Records
6	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Current Recorded Deed(s) for the subject property
7	<input type="checkbox"/>	<input type="checkbox"/>	Project Description/Written Statement
8	<input type="checkbox"/>	<input type="checkbox"/>	Legal Description for the subject site
9	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan Submit a neatly drawn site plan showing all buildings on the parcel where the proposed wet zoning will be located. Additionally, the footprint of the wet zoning shall be depicted on the site plan.
10	<input type="checkbox"/>	<input type="checkbox"/>	Wetzone Survey - prepared by a Florida registered land surveyor in accordance with DRPM Section 4.1.2.C.7
11	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Code Enforcement/Building Code Violation(s) (if applicable)
12	<input type="checkbox"/>	<input type="checkbox"/>	Alcoholic Beverage Verification for State Alcoholic Beverage License Signoff (optional) <i>Please note:</i> If you plan to submit an Alcoholic Beverage Verification application for local zoning sign-off on a state Alcoholic Beverage license in connection with this proposed wet zoning, you must submit a separate Alcoholic Beverage Verification application with this wet zoning application. Payment of a review fee is not required for the Alcoholic Beverage Verification application provided that it's submitted simultaneously with this wet zoning application . All other Alcoholic Beverage Verification applications shall require payment of a separate fee for each sign-off.
13	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Information (optional)