

Application for Temporary Special Event and/or Temporary Alcoholic Beverage Sales Permit for Non-Profits/Government Org's

City of Tampa
Land Development Coordination
1400 N Boulevard
Tampa, FL 33607
813-274-3100, Option 2



Staff Use Only

Date Recv'd: _____ Recv'd By (print) : _____
TSE: _____ **AB1:** _____
 Receipt # /Amount Paid: _____
 Approvals Received: TPD TFR RISK
 TransPlan Parks
 Application/site plan is correct & complete: _____

**Events on City Right of Way or in City Parks are processed by the Special Events Office.
 If alcoholic beverage sales are part of the event on City property, please submit this application (alcoholic beverage sales portion), with a copy of the approved Special Event Permit, no later than ten (10) days prior to the event.**

PROPERTY OWNER'S INFORMATION

Name(s): _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone Number: _____
 Fax Number: _____
 email address: _____

APPLICANT'S INFORMATION

(Must be Non-Profit/Gov't Org for Temp Alcohol Sales)*

Name(s): _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone Number: _____
 Fax Number: _____
 email address: _____

***NOTE:** If the "applicant" for Temporary Special Event and Temporary Alcoholic Beverage Sales are different, please provide the additional information on a separate sheet, and include it with the application at time of submittal to the City. Please also note that ALL NET PROFITS from alcohol sales **MUST BE** retained by the non-profit or governmental agency.

EVENT INFORMATION

Date(s) of Chapter 27 Temporary Special Event and/or Temporary Alcoholic Beverage Permit**: _____
 Purpose of Chapter 27 Temporary Special Event and/or Temporary Alcoholic Beverage Permit**: _____
 Hours of Chapter 27 Temporary Special Event and/or Temporary Alcoholic Beverage Permit**: _____
 Total number of attendees expected: _____
 Proposed AB Type (if applicable): Beer Wine Liquor

****NOTE:** All Alcoholic Beverage Sales shall cease at 12:00 am (midnight), 2:00 am on January 1st (only), AND the event shall not last longer than three (3) consecutive days.

PARCEL INFORMATION

Address (List all): _____
 Folio Number(s) (List all): _____
 Is event on public property or public right-of-way? If yes, please contact the Office of Special Events at 813-274-8854. _____
 How many temporary alcohol permits has this organization had this calendar year? It may not exceed three (3) events. _____
 How many Chapter 27 Temporary Special Events has this property had this calendar year? It may not exceed four (4) events. _____

I, THE UNDERSIGNED OWNER, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE, AND THAT I AM RESPONSIBLE FOR COMPLYING WITH ALL APPLICABLE CITY CODES, INCLUDING THE REGULATIONS IN 27-286.16 AND 27-132.

Signature (owner): _____
 (Print): _____
 Commission Expiration (Stamp or date): _____
Sworn to and subscribed on this date:
 Identification or personally known: _____
 Notary Signature: _____

I, THE UNDERSIGNED APPLICANT, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE, AND THAT I AM RESPONSIBLE FOR COMPLYING WITH ALL APPLICABLE CITY CODES, INCLUDING THE REGULATIONS IN 27-286.16 AND 27-132.

Signature (applicant): _____

(Print): _____

Commission Expiration
(Stamp or date):

Sworn to and subscribed on this date:

Identification or
personally known: _____

Notary Signature: _____

I, THE UNDERSIGNED APPLICANT, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE, AND THAT I AM RESPONSIBLE FOR COMPLYING WITH ALL APPLICABLE CITY CODES, INCLUDING THE REGULATIONS IN 27-286.16 AND 27-132.

Signature (applicant): _____

(Print): _____

Commission Expiration
(Stamp or date):

Sworn to and subscribed on this date:

Identification or
personally known: _____

Notary Signature: _____