

# Application for Special Use-2 Alcoholic Beverages

City of Tampa  
Land Development Coordination  
1400 North Boulevard  
Tampa, FL 33607  
(813) 274-3100



Date Rec'd: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Application Number: \_\_\_\_\_

Tentative PH Date & Time: \_\_\_\_\_

Receipt # /Amount Paid: \_\_\_\_\_

Other Applications on File: \_\_\_\_\_

Atlas Page: \_\_\_\_\_

CHANGE OF USE? (Y/N) \_\_\_\_\_

## EXHIBIT A

### PROPERTY OWNER'S INFORMATION

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

### APPLICANT'S INFORMATION

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

### CONTACT FOR ALL RELATED CORRESPONDENCE

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

### PARCEL INFORMATION

Parcel Address (List all): \_\_\_\_\_  
Folio Number(s) (List all): \_\_\_\_\_  
Property Size (acres or SF): \_\_\_\_\_ Current Use of Land: \_\_\_\_\_  
Requested AB Classification: \_\_\_\_\_  
Future Land Use: \_\_\_\_\_ Current Zoning Dist: \_\_\_\_\_ Proposed Use of Land: \_\_\_\_\_  
Will you be requesting a sidewalk cafe permit? (yes/no): \_\_\_\_\_ Please contact Transportation Planning at 813-274-3311 and illustrate the location of the sidewalk cafe area on your site plan.

### PRE-APPLICATION AGENCY COUNSELING

***\*\*Staff signature does not guarantee accuracy or completion of application, nor approval by Tampa City Council.\*\****

Land Dev. Coord. Planner's Name/Initials: \_\_\_\_\_ LDC Date Counseled: \_\_\_\_\_  
Trans. Div. Engineer's Name/Initials: \_\_\_\_\_ Trans. Date Counseled: \_\_\_\_\_  
Transportation Analysis Required w/Submittal?: \_\_\_\_\_

### APPLICATION CERTIFICATION

#### **LDC/Right-of-Way Section**

Legal Description is correct & complete: \_\_\_\_\_  
Approved by (ROW Staff): \_\_\_\_\_  
Date of approval: \_\_\_\_\_

#### **LDC/Zoning Section**

Application/site plan is correct & complete: \_\_\_\_\_  
Approved by (Zoning Staff): \_\_\_\_\_  
Date of approval: \_\_\_\_\_

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Application Number: \_\_\_\_\_  
Other app's on file for property? (list): \_\_\_\_\_  
City Council District \_\_\_\_\_  
Signs Issued? \_\_\_\_\_ Number of Signs \_\_\_\_\_  
Overlay District \_\_\_\_\_  
Local Historic District \_\_\_\_\_

## EXHIBIT A-1

Parcel Address (List all): \_\_\_\_\_

### **ADDITIONAL INFORMATION**

***All property owners and applicants must be listed. Use additional sheet if needed.***

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ ZIP Code: _____	City: _____ State: _____ ZIP Code: _____

### **PARTICIPATING ORGANIZATION(S) TO BE NOTIFIED** **(ATTACHED ADDITIONAL SHEET IF NEEDED)**

***\*\*Participating Organization Names per <http://www.tampagov.net/ldc>  
(Applicant's Responsibility to obtain and provide)\*\****

Contact's Name: _____	Contact's Name: _____
Organization Name: _____	Organization Name: _____
Address: _____	Address: _____
City: _____ State: _____ ZIP Code: _____	City: _____ State: _____ ZIP Code: _____

### **TRANSPORTATION MANAGEMENT FORM**

***Beginning February 1, 1990, the City of Tampa began to implement the concurrency provisions of the State Growth Management Act. This form is to be utilized to monitor traffic volumes generated by development. Please complete the following information. Any application for a development permit will require this form to be completed and submitted to the Land Development Coordination Division.***

Current Use(s) of Land: _____	Requested AB Class: _____
Structure Size or # of Units: _____	Structure Size or # of Units: _____

Please check the Plat, Survey, Title Policy and all other documentation relating to your property prior to design and construction. The City of Tampa and its staff **DO NOT** review for compliance with individual private deed restrictions and covenants during permit review. The issuance of a building permit by the City of Tampa signifies that the project is in compliance with the zoning codes of the City of Tampa and City of Tampa and Florida building code. The issuance of a building permit **DOES NOT** insure compliance with private deed restrictions or covenants.

**I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALL INFORMATION HEREIN IS TRUE & COMPLETE, AND HEREBY AUTHORIZE & ALLOW CITY REPRESENTATIVES TO ACCESS THE SUBJECT PROPERTY. IF THE PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST.**

Signature (applicant/agent): _____	<b>Sworn to and subscribed on this date:</b>
(Print): _____	Identification or personally known: _____
Signature (applicant/agent): _____	Notary Signature: _____
(Print): _____	Commission Expiration (Stamp or date): _____

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## EXHIBIT B-1

**LEGAL DESCRIPTION (use separate sheet if needed)**  
**MUST BE TYPED & DO NOT ABBREVIATE:**

Surveyor's  
Name: \_\_\_\_\_

State Certificate #:  
State of Florida \_\_\_\_\_

Date & Seal: \_\_\_\_\_

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**"Cut-Out" Legal**

## EXHIBIT B-2

**LEGAL DESCRIPTION (use separate sheet if needed)**  
**MUST BE TYPED & DO NOT ABBREVIATE:**

Surveyor's  
Name: \_\_\_\_\_

State Certificate #:  
State of Florida \_\_\_\_\_

Date & Seal: \_\_\_\_\_

### LDC/Right-of-Way Section

Legal Description is correct & complete: \_\_\_\_\_  
Approved by (ROW Staff): \_\_\_\_\_

Atlas Page: \_\_\_\_\_  
Date of approval: \_\_\_\_\_

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## **ALCOHOLIC BEVERAGE MEASUREMENT FORM**

### **EXHIBIT C**

Applicant's Name: \_\_\_\_\_

Parcel Address (List all): \_\_\_\_\_

Requested AB Classification: \_\_\_\_\_

Proposed Use of Land: \_\_\_\_\_

1. Are any waivers needed for this application? \_\_\_\_\_ 1a. State the need for the waiver: \_\_\_\_\_

2. Will the establishment have a minimum capacity of 11 seats (Beer, Beer-Wine, Beer-Wine-Liquor in special restaurants/restaurants)? \_\_\_\_\_

3. Does the establishment have any outdoor seating? \_\_\_\_\_ 3a. If yes, how many seats are located outside? \_\_\_\_\_

3b. If yes, how many seats are located inside? \_\_\_\_\_

4. Is the subject site within a district requiring increased security, parking plan, or business hours of operation? \_\_\_\_\_ 4a. District Name? \_\_\_\_\_

5. Is the subject site within required distance separation of any other establishment(s) selling alcohol [250' for Urban Village/Mixed Use Corridor or 1000' for all other areas of City, not Business Center/Urban Village/Mixed Use Corridor]?

\*\*List in text box below by name, address, AB classification & distance from subject parcel\*\* (Enter Yes or No here)

6. Is the subject site within required distance separation of any residential use [250' for Business Center (West Shore & USF only)/Mixed Use Corridor or 1000' for all other areas of City, not Business Center/Urban Village/Mixed Use Corridor]?

\*\*List in text box below by address, zoning district & distance from subject parcel\*\* (Enter Yes or No here)

7. Is the subject site within 1000' of any institutional use [for all areas of City, not Business Center/Urban Village/Mixed Use Corridor]? \*\*List in text box below by use, address & distance from subject parcel\*\* (Enter Yes or No here)

Surveyor's Name: \_\_\_\_\_ State Cert. # (State of FL): \_\_\_\_\_ Date & Seal: \_\_\_\_\_

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## **CERTIFICATE OF COMPLIANCE** **WITH SPECIAL USE CONDITIONS**

### **EXHIBIT D**

Applicant Name(s): \_\_\_\_\_

***""That I am (we are) the applicant(s) or agent(s) for the following described property:""***

Parcel Address (List all): \_\_\_\_\_

***"That this property constitutes a request for the sale of alcoholic beverages."***

***"That I have read the conditions in the Zoning code, Chapter 27, which must be met by this Special Use Application and do hereby provide the following documentation that this property meets the requirements:"***

List Documentation: \_\_\_\_\_

***"That have read the conditions in the Zoning code, Chapter 27, which must be met by this Special Use Application and do hereby request a waiver or variance to the following conditions for the following reasons "***

(Use additional pages if necessary): \_\_\_\_\_

***"That this affidavit has been executed to induce the City of Tampa, Florida to consider and act upon the above described property."***

***"That I(we), the undersigned authority, hereby certify that the foregoing is true and correct."***

Signature (applicant/agent): \_\_\_\_\_

(Print): \_\_\_\_\_

**Sworn to and subscribed on this date:** (Enter date here): \_\_\_\_\_

Identification or personally known: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Commission Expiration (Stamp or date): \_\_\_\_\_

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## **GOOD NEIGHBOR NOTICE FOR PARTICIPATING ORGANIZATIONS/ NOTICE TO PARTICIPATING NEIGHBORS**

## **SPECIAL USE PUBLIC HEARING**

### **EXHIBIT E**

Public Hearing Date : \_\_\_\_\_

Public Hearing Time : \_\_\_\_\_

Date : \_\_\_\_\_ Current Zoning Dist: \_\_\_\_\_ Proposed Special Use: \_\_\_\_\_

Requested AB Classification: \_\_\_\_\_

Parcel Address: \_\_\_\_\_

### **Dear Participating Neighbor (Property Owner) or Participating Organization:**

***Please be advised that the Tampa City Council will hold a public hearing on the date and time noted above for this subject application.***

### ***The hearing will be held in:***

***City Council Chambers, 3rd Floor, Old City Hall  
315 East Kennedy Boulevard (Downtown Tampa)***

***All interested parties and citizens may appear and be heard as to any and all matters pertinent to this subject special use application. To check the status of the public hearing regarding postponement or cancellation, please contact the City Clerk's office at (813) 274-8396 a minimum of two (2) days prior to the public hearing date.***

***For those with internet access, the City Council agendas are found at [http://www.tampagov.net/dept\\_City\\_Council/agenda\\_links.asp](http://www.tampagov.net/dept_City_Council/agenda_links.asp)***

***Please be advised that "any person who decides to appeal the decision of Tampa City Council with respect to this matter will need a record of the proceedings, and for such purpose, may need to hire a court reporter to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based;"***

***AND,***

***"In accordance with the Americans with Disabilities Act and Section 286.26 Florida Statutes, persons with disabilities needing special accommodations to participate in this meeting should contact the City Clerk's office at least forty-eight (48) hours in advance of the meeting."***

### **APPLICANT/AGENT CONTACT INFORMATION**

Applicant/Agent Name(s): \_\_\_\_\_

Applicant/Agent Phone No.: \_\_\_\_\_

Applicant/Agent email address: \_\_\_\_\_

Applicant/agent  
(signature): \_\_\_\_\_

Print: \_\_\_\_\_

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## AFFIDAVIT OF COMPLIANCE

### EXHIBIT F

Applicant Name(s): \_\_\_\_\_

***"That I am (we are) the applicant(s) or agent(s) for the following described property:"***

Parcel Address (List all): \_\_\_\_\_

***"That this property constitutes the property for which a special use approval is requested according to Application Number:"***

Application Number: \_\_\_\_\_

***"That attached is a copy of the postmarked Certificate of Mailing receipt for notice (s) to participating neighbors within 250 feet of the subject parcel and a copy of the notice mailed out (Exhibit E), which notice(s) were mailed on:"***

Date Mailed: \_\_\_\_\_

***"That attached is a copy of the notice mailed (Exhibit E) to participating organizations as defined by the COT regulations, and that a copy of the most recently filed site plan was mailed with said letter, which notice(s) were mailed on:"***

Date Mailed: \_\_\_\_\_

***"That the Original List (property owners with addresses & legal descriptions) and Parcel Notice Map, all as generated by the Hillsborough County Property Appraiser, and list of participating organization(s) is attached and made a part of this Affidavit."***

***"That two (2) photographs showing the placement of and language on the "notification sign(s)" be made a part of this Affidavit."***

Signature (owner/agent): \_\_\_\_\_

(Print): \_\_\_\_\_

Signature (owner/agent): \_\_\_\_\_

(Print): \_\_\_\_\_

**Sworn to and subscribed on this date:** (Enter date here): \_\_\_\_\_

Identification or personally known: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Commission Expiration (Stamp or date): \_\_\_\_\_

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Application Number: \_\_\_\_\_

## AFFIDAVIT TO AUTHORIZE AGENT

### EXHIBIT G

State of Florida  
County of Hillsborough  
City of Tampa

***I am (we are) the owner(s) and record title holder(s) of the property noted herein***

Property Owner's Name(s): \_\_\_\_\_

***"This property constitutes the property for which the following request is made***

Property Address (List all): \_\_\_\_\_

Proposed Use of Land \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Requested AB Classification: \_\_\_\_\_

***"The undersigned has(have) appointed and does(do) appoint the following agent(s) to execute any application (s) or other documentation necessary to effectuate such application(s)***

Agent's Name(s): \_\_\_\_\_

***The undersigned authorizes the above agent(s) to represent me (us) and act as my (our) agent(s) at any public hearing on this matter*** ☐ Yes ☐ No

***The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this application*** ☐ Yes ☐ No

***This affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above described property***

***I (we), the undersigned authority, hereby certify that the foregoing is true and correct***

Signature (owner): \_\_\_\_\_

(Print): \_\_\_\_\_

Signature (owner): \_\_\_\_\_

(Print): \_\_\_\_\_

**Sworn to and subscribed on this date:** (Enter date here): \_\_\_\_\_

Identification or personally known: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Commission Expiration (Stamp or date): \_\_\_\_\_

# PUBLIC HEARING NOTICE CHECK LIST

## APPLICANTS RESPONSIBILITY

AB-2 \_\_\_\_\_

NOTICE MUST BE DONE NO LATER THAN 30 DAYS PRIOR TO PUBLIC HEARING DATE

### MAIL NOTICE

**Participating Neighbors** (all property owners within 250-feet of the subject property and dated variance/buffer notice map upon which the list is based, obtained from the Hillsborough County Property Appraiser's office or via its official website/Web-based GIS service).

- **Mailed by "certificate of mailing"** through the United States Post Office (receipt submitted with *the Affidavit of Compliance*)

**Participating Organizations** (all organizations registered at [www.tampagov.net/ldc](http://www.tampagov.net/ldc))

- **Mailed by regular mail** to the address of the authorized representative of the participating organization.

### POST SIGN(S)

**Sign Posting** (Post sign located on or near the front of the subject property, adjacent to and visible from the street or public right of way and not within a building or obstructed by any site feature, no less than thirty (30) days and, no more than sixty (60) days prior to the public hearing. If the property maintains two (2) or more street frontages, at least one (1) sign must be posted per property frontage.)

- **Take two (2) photographs of each sign** to be attached to the Affidavit of Compliance, which show the posted sign on the subject property and the language as written on the sign when posted.

NO LATER THAN 15 DAYS PRIOR TO PUBLIC HEARING DATE (AFFIDAVIT MUST BE RECEIVED BY THE CITY)

### SUBMITTAL OF AFFIDAVIT OF COMPLIANCE (Exhibit C)

- **Submitted to: City Clerk's Office, 315 East Kennedy Boulevard, 3rd Floor, Tampa, Florida 33602 or uploaded in the Accela system.**

- Affidavit attachments, must include:

The certificate of mailing to the property owner and/or participating neighbors;

The ad valorem tax rolls used for providing notice to property owners and/or participating neighbors.

The official list of property owners and dated variance/buffer notice map upon which the list is based, obtained from the Hillsborough County Property Appraiser's office or via its official website/Web-based GIS service, shall be considered the most current tax roll, so long as the list has been produced no more than six (6) months prior to the date of the filing for the pending application;

A copy of the mailed notice letter;

Aforementioned pictures of the signs; and,

The list of participating organizations which were provided good neighbor notice, including the mailing address and authorized representative.

I reviewed and understand the above requirements for public hearing notice.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE