



City of Green Cove Springs Application for Sale of Alcohol

You must have all information for your application to be considered complete. Incomplete applications will not be accepted.

A. PROCESS

1. Zoning Approval .
2. Pay Review Fee.

B. PROJECT

1. Business Name _____
2. Owner's Name: _____
3. Address of Subject Property: _____
4. Parcel ID Number(s): _____
5. Existing Use of Property: _____
6. Proposed Use of Property: _____
8. Type of Alcohol License Applied for: _____

D. APPLICANT

1. Name of Applicant(s) or Contact Person(s): _____ Title: _____
Company (if applicable): _____
- Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: (904) _____ FAX: (904) _____ e-mail: _____

I/We certify and acknowledge that:

1. Prior to receiving a final certificate of occupancy I/We must comply with the current Florida Building Code through the Development Services Department and obtain any necessary permits.
2. I/We must comply with the requirements of the State of Florida Department of Business and Professional Regulation.
3. I/We must obtain a Local Business Tax License.
4. I/We must meet parking standards and any use specific standards for the zoning district.
5. Falsifying information may result in the Alcohol approval being revoked.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____
The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____
_____, who is/are personally known to me, or who has/have produced _____
as identification.

NOTARY SEAL _____

Office Use Only:

Review Date: _____

FLUM: _____

Zoning District: _____

Architectural Review Board Approval required: Yes No If yes, Date of Approval: _____

Special Exception: Yes No If yes, date and conditions met: _____

Previous Site Plan Approval: Yes No If yes, Date of Approval: _____

Alcoholic Beverage License Required: Yes No Application been submitted? _____

Comments/Conditions of Approval: _____

