

ALCOHOLIC BEVERAGE VERIFICATION APPLICATION

This form must accompany the verification form provided to you by the Division of Alcoholic Beverages & Tobacco. This Verification requires a fee payment of \$152.00. Checks should be made payable to "BOCC." Please note that completion of the review may take up to 30 working days from the date your documents are submitted.

Customer Information:

Applicant's Name: _____ **Date:** _____

Applicant is (circle one): Property Owner Representative Potential Owner
Tenant Other(please specify): _____

Phone _____ **Email** _____

Site Information:

Folio Number: _____

License Address (Including suite numbers if applicable.):

Name of Establishment: _____

Any previous names? If so, please list: _____

Is this establishment located within the Unincorporated Hillsborough County? Yes ____ No ____

(If you answered No, and the establishment is in the City of Tampa, City of Temple Terrace or City of Plant City, or is in another county, you must contact that jurisdiction's Zoning Department for verification, this office will be unable to assist you.)

Have alcoholic beverage previously been sold or consumed on these premises? Yes ____ No ____

If you answered No, then the property will need to receive an Alcoholic Beverage Special Use permit from the County. Please see a Zoning Counselor for assistance.

Please note that wetzoning is granted for individual premises and/or structures; not for the entire property. If alcoholic beverages have not been sold or consumed on the exact premises in question or if you are seeking more intense license series or are increasing/expanding the size or footprint of the existing licensed premises, you will need a new Alcoholic Beverage Special Use. Please see a Zoning Counselor for assistance.

Is this the initial verification (new "wetzoning") or a transfer of license into an existing "wetzoned" establishment? New ____ Transfer ____

Do you have a copy of the original approval letter or of the Land Use Hearing Officer Decision?

Yes ____ (please attach a copy) No ____

What is the requested license series: _____

How would you like this verification returned to you?

____ By Mail - Mailing Address: _____

____ Pick-up- Please call me at _____ when ready.

AIRPORT HAZARD EVALUATION

(Effective October 13, 2015)

Properties located within the map areas depicted below may be subject to a separate Airport Height Zoning Permit approval process of the Hillsborough County Aviation Authority (HCAA), pursuant to the HCAA's Airport Zoning Regulations. Additionally, pursuant to an Interlocal Agreement between the HCAA and Hillsborough County, any Land Development Proposal within proximity to Tampa International Airport and Tampa Executive Airport and Educational facilities and landfills located with certain mapped areas will be transmitted to HCAA for review.

For additional information and questions:

Tampa International Airport Information Link: <http://www.tampaairport.com/airport-height-zoning>

Contact: Tony Mantegna / Tampa International Airport

Phone: (813) 870-7863

tmantegna@tampaairport.com

