

CITY OF TARPON SPRINGS, FLORIDA
Conditional Use Application
For Alcoholic Beverages

Return to:
 Planning & Zoning Division
 324 E. Pine Street
 Tarpon Springs, FL 34689
 (727) 942-5611

(Please type or print clearly)

Property Owner(s)

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

Applicant

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

Agent (if applicable)

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

General Information

Property Location or Address		
Legal Description (attach additional sheets as necessary)		
Tax Parcel Number(s)		
Current Use of Property		
Type of Alcoholic Beverage License Requested		
Present City of Tarpon Springs Designations	Land Use Category	Zoning District

IMPORTANT NOTE: In connection with the approval of any Conditional Use for Alcoholic Beverages, the City Manager may make the approval subject to conditions, stipulations and/or safeguards as deemed necessary to ensure compliance with the provisions of the Land Development Code (LDC) and/or Comprehensive Plan. Failure to comply with the approval conditions shall be deemed a violation of the LDC and be enforced as such.

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The following **MUST** be furnished with this application: [incomplete applications will not be accepted]

- Completed original application
- Legal description of the property
- Proof of ownership (a copy of the deed which conveyed title to the present owner of the property)
- Signed affidavit, if applicant is other than property owner
- Written description of proposed request
- Site plan, as applicable
- A detailed floor plan.
- A statement that the building where the establishment will be located exists or that the building plans for such building have been filed and a building permit obtained.
- A copy of the completed DBPR Division of Alcoholic Beverages and Tobacco application if requesting a beer, wine and/or liquor license

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AFFIDAVIT

I (we), the undersigned, certify ownership of the property within this application, that said ownership has been fully divulged, whether such ownership by contingent or absolute, and that the name of all parties to an existing contract for sale or any options are filed with this application.

I (we) certify that _____ is (are) duly designated as the agent(s) for the owner, that the agent(s) is (are) authorized to provide subject matter on the application contained herein, whether verbal or written, and appear at any public hearing(s) involving this petition.

AGENT

I (we) assent to the City's Comprehensive Plan as it applies to the property. Further, it is understood that this application must be complete and accurate and the appropriate fee paid prior to processing.

Date: _____ Title Holder/Property Owner: _____

Date: _____ Title Holder/Property Owner: _____

Date: _____ Title Holder/Property Owner: _____

Date: _____ Title Holder/Property Owner: _____

STATE OF FLORIDA)

COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this _____ day of _____, A.D., 20 ____
by _____, who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

PROPERTY OWNER NAME PRINTED

NOTARY PUBLIC

Name: _____

Signature: _____

Stamp: