



**CITY OF BROOKSVILLE**  
**ALCOHOLIC BEVERAGE USE PERMIT**  
**APPLICATION**

**Land Development Code; Article IV**

**Permit Type (check one):**

- On-site premise consumption; presented to City Council by Resolution.*
- Off-site premise consumption; administrative review only.*
- Temporary event permit; administrative review only.*

**License Classification:** \_\_\_\_\_

**Business Location:** \_\_\_\_\_

**Legal Description:** Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
\_\_\_\_\_  See Attached

**Applicant Information:**

<input type="checkbox"/> Applicant	<input type="checkbox"/> Property Owner *
Name: _____	Name: _____
d/b/a: _____	d/b/a: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

*\*If the applicant is not the property owner, submit a written consent from the owner along with this application.*

- Written consent from property owner attached, if applicable.     Not Applicable
- Application Fee in the amount of \$75.00 attached. (Per City Policy 1-90)

---

***Applicant's Statement:***

*I certify that I have not been convicted of any felony under Florida law or the laws of the United States; that I have not been convicted of any misdemeanor relating to prostitution, obscenity, nuisance, indecent exposure, disorderly conduct, or gambling; and that I have not previously had a license for the sale of alcoholic beverages revoked by Florida's Department of Business & Professional Regulation, Division of Alcoholic Beverages and Tobacco.*

\_\_\_\_\_  
Applicant's Name (Print or Type)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*If you have any questions concerning this application, please contact the City of Brooksville Community Development Department at (352) 540-3810.*

---

**FOR DEPARTMENT USE ONLY**

***Administrative Review (for off-site premise consumption or for temporary event):***

*I have reviewed the above application for an Alcoholic Beverage Use Permit and have determined that it meets all requirements of Article IV, Part 4-8, of the City Code.*

\_\_\_\_\_  
Administrator's Name (Print or Type)

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

***Council Review (for on-site premise consumption only):***

City Council hearing date: \_\_\_\_\_ Resolution No. \_\_\_\_\_

Council Recommendation:     Approve     Approve with conditions     Deny