

# City of Safety Harbor Affidavit for ALCOHOLIC BEVERAGE LICENSE

Date Received:	
File Number:	
Staff Reviewer:	

I, \_\_\_\_\_, being first duly sworn on oath, depose and say:

1. That I am the owner of a bona fide restaurant establishment within the corporate limits of the City of Safety Harbor, known as \_\_\_\_\_ located at \_\_\_\_\_ Safety Harbor, Florida.
2. I have made application to the Department of Business Regulation, Division of Beverage, of the State of Florida, for the following license:

Beer — Consumption on Premises

Beer — Package Only

Beer & Wine — Consumption on Premises

Beer & Wine — Package Only

Beer — Consumption on Premises

Beer — Package Only

Beer, Wine & Liquor — Consumption on Premises

Beer, Wine & Liquor — Package Only

Beer, Wine & Liquor — In connection with hotel,

Beer, Wine & Liquor — Club License

Motel, motor court or in connection with a restaurant

3. I understand the distance restrictions contained in Section 62.00 of the Land Development Code, and hereby request a waiver of those restrictions in that any sale of alcoholic beverages in my establishment will be entirely incidental to the primary function of said establishment (i.e., restaurant facility).
4. I hereby certify that the sale and consumption of all alcoholic beverages connected with said license shall occur within the establishment; that the indoor seating capacity of such establishment is not less than 50 seats; and that the combined gross sales of the business will be more than fifty-one percent (51%) attributable to the sale of food and other nonalcoholic items during each calendar quarter of each calendar year.
5. I understand that if the above requirements are not complied with, my license shall be subject to revocation.

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Signature Affiant

STATE OF FLORIDA  
COUNTY OF PINELLAS

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Name of Affiant [typed or printed]

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. They are  personally known OR  Produced Identification \_\_\_\_\_ Type of Identification.

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

NOTARY

STAMP \_\_\_\_\_