

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 & Wine — Consumption on Premises
Beer — Consumption on Premises
Beer, Wine & Liquor — Consumption on Premises
Beer, Wine & Liquor — In connection with hotel,
Motel, motor court or in connection with a restaurant

Beer — Package Only
Beer & Wine — Package Only
Beer — Package Only
Beer, Wine & Liquor — Package Only
Beer, Wine & Liquor — Club License

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.

Signature Affiant

Name of Affiant [typed or printed]

STATE OF FLORIDA
COUNTY OF PINELLAS

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** _____