

**City of Safety Harbor Zoning Approval
Application for State of Florida
Permanent Alcoholic Beverage License**

Date Received:	
File Number:	
Staff Reviewer:	

Property Owner Name:

Applicant Name:

Business Name:

Address:

Telephone:

Fax:

E-Mail:

Type of Alcoholic Beverage License Requested:

Expanded New Transfer

License Series: _____

License Type: _____

1. **What is your zoning district?** _____

2. **If your business is not within the C-1A or MSM zoning district, are you within 500' of a church or school? Yes _____ No _____**

There is an application fee of \$25 for the zoning review. Please make the check out to the City of Safety Harbor.

Please attach:

- 1.) Fully completed form for the state license from the State Bureau of Alcoholic Beverage & Tobacco
- 2.) A copy of your current business tax license

**Return to the City of Safety Harbor Community Development Department (Planning & Zoning Division)
750 Main St. Safety Harbor, FL 34695 (727) 724-1555 X1702**