

**APPLICATION FOR ADMINISTRATIVE APPROVAL FOR
BEER AND WINE, PACKAGE SALES ONLY, OFF PREMISES CONSUMPTION
(Pasco County Land Development Code, Section 530.14)**

Application No. _____ (County Will Assign No.)

Date of Application: _____

It shall be the responsibility of the applicant, or his/her legal agent of record, to provide all the information required below or any other information which is reasonable and relevant to the formulation of a recommendation to the request being considered.

This application shall not be deemed complete until all required information is provided.

1. **Business Owner's Name(s):** _____
Business Name and Business Address (Include Unit #, if applicable):

City: _____ State: _____ Zip Code: _____
Telephone No.: _____
E-mail: _____

2. **Property Owner's Name(s):** _____
Property Owner's Address and Contact Information, i.e., Management Company or Leasing Agent:

City: _____ State: _____ Zip Code: _____
Telephone No.: _____
E-mail: _____

3. **Parcel ID No.:** _____

4. Letter of Permission by legal property owner or authorized agent (notarized) on company letterhead.

5. Site Plan (two copies) showing exact location of business on property, including dimensions of building or square footage of unit, name of shopping center or plaza.

6. Application Fee: \$620.00 + \$25.00 Technical fee. Make checks payable to Pasco County BCC (Board of County Commissioners).

7. State of Florida Department of Business and Professional Regulation, Division of Alcoholic Beverages and Tobacco, Application for Alcoholic License packet completed (DBPR Form - ABT-6001 or ABT-6014).

8. Two signed and sealed legal descriptions and sketches of property or boundary survey prepared by a registered surveyor to be supplied at time of application.

OWNER'S/REPRESENTATIVE'S SIGNATURE

OWNER'S/REPRESENTATIVE'S NAME (PLEASE PRINT)

AGENT OF RECORD LETTER

TO THE PASCO COUNTY PLANNING AND DEVELOPMENT DEPARTMENT, ZONING AND INTAKE DIVISION:

I (We), _____ hereby designate and appoint _____ as my (our) Agent of Record for the purposes of representing me (us) during the application review process for permission to sell beer and wine, package sales only, for off-premises consumption.

My (Our) Agent of Record is hereby vested with authority to make any representations, agreements, or promises which are necessary or desirable in conjunction with the application process. My (Our) Agent of Record is also authorized to accept or reject any conditions imposed by any reviewing board or entity.

Dated this _____ day of _____, _____.

APPLICANT(S)/OWNER(S)

APPLICANT(S)/OWNER(S)

PRINTED NAME(S) OF APPLICANT(S)/OWNER(S)

PRINTED NAME OF APPLICANT(S)/OWNER(S)

APPLICANT'S(S)' REPRESENTATIVE

PRINTED NAME OF REPRESENTATIVE

REPRESENTATIVE'S ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

EMAIL

STATE OF FLORIDA
COUNTY OF PASCO

I hereby certify that on this day, personally appeared before me, an officer duly qualified to administer oaths and take acknowledgments, to me known to be the person(s) described in and who executed the above and foregoing Agent of Record Letter and who acknowledged before me that (s)he (they) executed the same for the purposes therein expressed.

WITNESS my hand an official seal in the County and State last aforesaid this _____ day of _____, _____.

SEAL

NOTARY

My Commission Expires:

NOTE: If an Agent of Record is to be designated, all property owners of the subject property must sign this form.