

**ZONING VERIFICATION FOR ALCOHOL BEVERAGE
 LICENSE APPLICATION**

201 Central Ave. West, P.O. Box 1320, Lake Wales, FL 33859-1320
 Phone: (863) 678-4182 Ext. 714 Fax: (863) 678-4050

Date: _____

Parcel ID Number: _____ Zoning: _____

1. BUSINESS NAME: _____

BUSINESS TYPE: Store Restaurant Wine & beer bar (C-1A district only) Other _____

2. LOCATION: _____

Number Street Zip Code

3. TYPE OF LICENSE: (Check one)

SEALED CONTAINERS, CONSUMPTION OFF PREMISES

1-APS Beer only 2-APS Beer & wine 3PS Beer, wine & liquor

CONSUMPTION ON PREMISES BY THE DRINK

1-COP Beer only 2-COP Beer & wine 4-COP-SFX Beer, wine, & liquor at qualifying restaurant

OTHER: _____

4. ACCOMPANYING MATERIAL REQUIRED:

Plot plan showing premises and alcohol sales area(s) Copy of completed FL DBPR ABT application

5. APPLICANT:

Applicant _____ Address _____

Phone(s) _____ Fax _____ Email _____

Business Owner (if different) _____ Address _____

Phone(s) _____ Fax _____ Email _____

<p>(Fees adjusted October 1, annually) Cashier Memo</p>		
<input type="checkbox"/> Renewal	<input type="checkbox"/> Wine & Beer Bars	
<input type="checkbox"/> Restaurants & Grocery Stores	<input type="checkbox"/> Liquor Stores	
<p>Planning & Development 001-341-510-000-000 Code 121 \$ _____</p>		

The owner of this property and the undersigned agree to conform to all applicable laws of the City of Lake Wales and to all applicable Federal, State and County laws.

Signature of Applicant: _____

Address: _____ City: _____ State: _____ Zip code: _____

Reviewed by: _____ Date _____

Approved by: _____ Date _____

Notes: