APPLICATION FOR ALCOHOL BEVERAGE ZONING APPROVAL

Please complete this form and return it to the Division of Planning and Urban Design, City Hall, 2600 Hollywood Boulevard, room 315. Our office hours are 7a.m. to 6 p.m., Monday through Thursday.
For Assistance please call 954-921-3471, option 3.

1) **REASON FOR SUBMITTING THIS APPLICATION**

_____New/First Time Application _____Change of Owner
_____Change of Series _____Change of Location

2) **ABOUT YOUR BUSINESS**

Name: _____D/B/A_____

Address: _____City/State/Zip: _____

Mailing Address: _____City/State/Zip: _____

Phone Number: _____Federal ID Number: _____

Date that your business first opened, or is expected to open: _____

Name of Owner/Manager: _____Phone:_____

3) **ABOUT THE ALCOHOL BEVERAGE BUSINESS TAX**

Days and Hours of Operation of Your Business: _____
Proposed Hours of When Alcohol Beverage Will Be Served: _____
Square Footage of the Inside of the Business: _____
Number of Seats: Restaurant: _____Bar: _____Other:_____
Alcohol Beverage Series Type Applied For: _____
Copy of the Floor Plan of the Location: _____
Copy of the Current Certificate of Use:_____

Affirm that all information provided is true and to the best of my knowledge. I understand that the City of Hollywood, Division of Planning and Urban Design will approve this application after the fee of $75.00 is paid and after proper review and any other investigation deemed necessary. Final approval of the State of Florida's alcoholic beverage application form must be obtained from the City Treasurer.

Signature of Owner or Authorized Agent: _____
Print Name: _____Date: _____
Title: _____

4) **DIVISION OF PLANNING AND URBAN DESING ONLY**

The proposed location for the sale of alcoholic beverages: _____does/____does not comply with zoning requirements for the sale of alcoholic beverages.

Initials: _____ Date: _____ Zoned: _____
AFTER THE PLANNING AND ZONING COMPLIANCE REVIEW HAS BEEN COMPLETED, PLEASE RETURN THE FORM TO THE TREASURY DIVISION /LOCAL BUSINESS TAX RECEIPT ROOM 103.