



**Town of Ponce Inlet**  
 Planning & Development Dept.  
 4300 S. Atlantic Avenue  
 Ponce Inlet, FL 32127  
 386-236-2181 (voice)  
 386-322-6717 (fax)

**REVIEW OF STATE LIQUOR  
 LICENSE APPLICATION FOR  
 COMPLIANCE WITH ZONING  
 REGULATIONS**

Submittal Receipt # and Date: \_\_\_\_\_

Application #: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

This application is to be used when requesting the Town's review of an application to sell liquor within the Town of Ponce Inlet.

Please Note: Failure to *fully complete* all the applicable items will result in the application being deemed incomplete and no further action will be taken.

**SECTION 1: PROPERTY INFORMATION**

Property Address and Zoning	
Tax Parcel Number(s)	
Legal Description	

**SECTION 2: PROPERTY OWNER INFORMATION**

Owner's Name		Mailing Address	
Phone		Fax	
Email			

Proof of Ownership provided: \_\_\_\_\_

**SECTION 3: APPLICANT/AGENT INFORMATION (if not property owner)**

Applicant Name		Mailing Address	
Phone		Fax	
Agent Name/Title		Mailing Address	
Phone		Fax	

**SECTION 4: REVIEW REQUIRED**

The local municipality is required to review applications for a liquor license in order to determine the property's compliance with the local zoning regulations pursuant to Chapter 561 of the Florida State Statutes.

Is this application being made in conjunction with any change of use to the property or business involved?

Yes       No

If so, details of the proposed change in use must be attached and a certificate of occupancy for change of use will be required prior to the change being permitted by the Town.

**PLEASE NOTE: A CHANGE IN USE REQUIRES INSPECTIONS BY TOWN STAFF PRIOR TO APPROVAL.**

Is this application being made for a new development? If so, plans must go through the Town's development review process and be approved by the Town Council prior to being permitted by the Town.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF VOLUSIA

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
Notary Public

My commission expires: