



Application for Temporary Alcoholic Beverage Sales Permit

Contact Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Desk Phone: _____ Cell Phone: _____

Email: _____

Name of Event: _____

Proposed ABType (check all that apply): Beer Wine Liquor

Date of Temporary Alcohol Sales: _____

Alcohol Sale Hours of Operation: Start time _____ End time _____

Address of Temporary Alcohol Sales: _____

Total number of attendees expected: _____

How many temporary alcohol permits has your organization had this calendar year? _____

Police Extra Duty Requirement: Extra duty officers are required by Tampa City Code. Proof extra duty officers have been secured is required before we will sign the State of Florida application.

Proof of Insurance: You must procure and maintain commercial general liability insurance with a minimum of \$1,000,000 per occurrence and a \$2,000,000 general aggregate and no less than \$1 million Liquor Liability with an aggregate of no less than \$2 million. The City must be named as additional insured.

Site plan: The site plan must indicate the date and duration of the event; the location and size of any tents or outside display areas; solid waste receptacles and collection; location of area where alcohol will be sold, served, stored and consumed; and any fencing that may be utilized for the event (see attached example).

I, the undersigned applicant, hereby certify that all information on this application is true and complete, and that I am responsible for complying with all applicable City Codes including the regulations in 27-286.16 and 27-132. (This form should be signed in the presence of a Notary Public.)

Print Name: _____ Signature: _____

Date: _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this ____ day of _____, 20____, by _____

Personally Known _____ OR Produced Identification _____ Notary Signature: _____

Type of Identification Produced _____ Commission Expiration: _____
(stamp or date)

To Applicant Please check that you have included the following with your completed application:

- ____ Proof of Not for Profit status—IRS or State of Florida
 - ____ Proof that applicant is an officer or registered agent of the organization
 - ____ Proof of Insurance
 - ____ Site Plan
 - ____ \$27 Application fee
- (VISA, MC, AMX, money orders or checks made payable to the City of Tampa)

NOTARY SEAL