



**City of Eustis  
Development Services Department**

4 N. Grove Street  
Eustis, FL 32726  
(352) 483-5460

Office Use Only

File #: \_\_\_\_\_

Date: \_\_\_\_\_

## ALCOHOLIC BEVERAGE REVIEW APPLICATION

(\$50 Application Fee – Please Make Checks Payable to: City of Eustis)

*Note: Applications may be submitted in person or via mail. Applications must contain original signature(s). Review and approval of the City of Eustis Alcoholic Beverage Review application is required prior to an authorized Development Services representative completing the zoning verification portion of the State of Florida application.*

### Business Information:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Alternate Key Number: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Owner/Applicant Information:

Applicant/Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Site Information:

1. Land Use Designation: \_\_\_\_\_

2. Present use of property: \_\_\_\_\_

3. Proposed use of property: \_\_\_\_\_

4. Type of State License requested: \_\_\_\_\_

5. Hours of Business Operation: \_\_\_\_\_

6. Select type of sales and list hours of sales:

\_\_\_ On-Site Consumption  
Hours of Alcoholic Beverage Sales \_\_\_\_\_

\_\_\_ Off-Site Consumption  
Hours of Alcoholic Beverage Sales \_\_\_\_\_

7. Are there any schools within 528 feet of the subject property? \_\_\_ Yes \_\_\_ No

If yes, list school name(s):  
\_\_\_\_\_

8. Are there any churches within 528 feet of the subject property? \_\_\_ Yes \_\_\_ No

If yes, list church name(s):  
\_\_\_\_\_

**APPLICANT'S AFFIDAVIT**

Applicant is: Business Owner:  Property Owner:  Agent:  (attach proper documentation)

**STATE OF FLORIDA  
COUNTY OF LAKE  
CITY OF EUSTIS**

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_,  
who being by me first duly sworn on oath, deposes and says:

1. That he/she Affirms and Certifies that he/she understands and will comply with all Ordinances, Regulations, and Provisions of the City of Eustis, and that all statements and diagrams submitted herewith and attached hereto, are true and accurate to the best of their knowledge and belief, and further, that this application and attachments shall become part of the Official Records of the City of Eustis, Florida, and are **Not Returnable**.
2. That he/she desires Alcoholic Beverage Sales activity at \_\_\_\_\_.
3. That should the applicant not be the property owner, the applicant, by signing this application, acknowledges that he/she has approval from the property owner to conduct alcoholic beverage sales/service on the subject property.
4. That the submittal requirements for this Application, which are attached hereto, have been completed and attached hereto as part of this Application.

\_\_\_\_\_  
(Applicant's Signature)

**STATE OF FLORIDA  
COUNTY OF LAKE  
CITY OF EUSTIS**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print or type Notary Name

Commission (serial) Number \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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(For Office Use Only)

Approved / Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_