ZONING APPROVAL FOR A PERMANENT ALCOHOLIC BEVERAGE LICENSE REQUEST

Building, Planning and Zoning Department
Planning & Zoning Division
2200 Civic Center Place
Miramar, FL 33025
(954) 602-3200 | www.miramarfl.gov

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE. **INITIAL HERE** ☐

APPLICATION CHECKLIST FOR PERMANENT BUSINESSES

	Requirement	✓
1	Complete application	☐
2	Florida Department of Business and Professional Regulations complete application	☐

PRINT OR TYPE ALL INFORMATION.

1	BUSINESS LOCATION & OWNER INFORMATION
Business Name:	
Business Owner Name:	
Business Owner Phone No.:	
Business Owner E-mail:	
Business Address:	

2	GENERAL BUSINESS INFORMATION
Type of Business:	
Type of License Requested:	
Maximum Capacity:	
Hours of Operations:	
Mailing Address (*If different from Section 1*):	

3	AGENT POINT OF CONTACT INFORMATION (*If different from Section 1*)
Name:	
Phone No.:	
E-mail:	
Mailing Address:	