

**APPLICATION FORM
ALCOHOLIC BEVERAGE EXTENDED HOURS LICENSE (ALX)**

Business Name		
Business Address		
Applicant		
Name		
Address		
Telephone		
Email		
Representative		
Name		
Address		
Telephone		
Email		
Applicant Signature		
I certify that the information submitted in this application is accurate to the best of my knowledge. I authorize the above representative to act on my behalf in the administration of this application.		
Signature:	Date:	
Notarization		
Sworn to and subscribed before me this _____ day of _____, 20_____		
	_____ Personally known	
Notary Public		
My Commission Expires: _____ Other _____		
Community Endowment Fund		
	Yes	No
Would like to donate: (All donations are tax-deductible)		
Amount: (Checking a box does not have an effect on your request)		
<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15
<input type="checkbox"/> \$25	<input type="checkbox"/> Other \$	

**APPLICATION CHECKLIST
ALCOHOLIC BEVERAGE EXTENDED HOURS LICENSE (ALX)**

Documents	
	Completed application form
	Copy of Warranty Deed
	Letter of Intent: <ol style="list-style-type: none"> a. Describing the business, length of time in operation and whether live music or entertainment is provided. b. Describing the uses within 500ft. of the establishment identifying any noise or other potential conflicts and suggesting solutions, if applicable. c. Stating that the applicant recognizes that the granting of an extended hours license is a privilege, not a right, and that failure of the licensee to strictly observe all of the conditions of the license may be grounds for revocation or non-renewal of such license.
	Copy of State Liquor License
	Proof of participation in Florida's Responsible Vendor Program as established in Sec. 561.701, Florida Statutes (e.g., copies of training certificates for all current employees)
	Recent Photographs of the interior and exterior alcoholic beverage serving areas (PDF or JPG format preferred).

