



City of Stuart
121 SW Flagler Ave.
Stuart, FL 34994
development@ci.stuart.fl.us
(772) 288-5326

Received by: \_\_\_\_\_
Reviewed by: \_\_\_\_\_
Approved by: \_\_\_\_\_

APPLICATION FOR AWARD OF SURPLUS FLOOR SPACE
FOR THE SALE AND CONSUMPTION ON PREMISES (COP) OF ALCOHOLIC
BEVERAGES IN THE OLD DOWNTOWN DISTRICT
OF THE CITY OF STUART

Please print clearly and provide all required information.
Applications received after 5:00 PM, August 7, 2017 will not be considered.

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

Background Information

- 1. State Registration: ( ) Sole-Proprietary ( ) Limited Liability ( ) Corporation ( ) Partnership
2. A. Legal Name of Business \_\_\_\_\_
B. Operating/Trade Name of Business \_\_\_\_\_
C. Type of Business \_\_\_\_\_
3. Has this name been registered with the State of Florida, Department of Business and Professional Regulation (Submit a copy of the business license)? Yes or No
Registration # \_\_\_\_\_
Federal Tax ID # \_\_\_\_\_

Applicant/Licensee Information

- 4. Full Name of Applicant/Licensee \_\_\_\_\_
5. Street Address of Premises \_\_\_\_\_
City, State, Zip \_\_\_\_\_
6. Type(s) of Alcohol to be sold: ( ) Beer Only ( ) Beer and Wine Only ( ) Liquor, Beer & Wine
7. Proposed type of Beverage License: Series \_\_\_\_\_
8. Do you own the property where the business is located? (Submit a copy of the deed, title, etc.)
\_\_\_\_\_

9. If property rented/leased, owner's name and address (Submit a copy of an executed lease, sublease, rental agreement, contract, etc.)

\_\_\_\_\_

10. Contact Person \_\_\_\_\_ Home/Mobile Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Owner of Building in Which the Licensed Established is Located**

11. Building Owner's Full Name \_\_\_\_\_

12. Building Owner's Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

13. Business Telephone Number of Building Owner \_\_\_\_\_

E-mail Address \_\_\_\_\_

14. What is the occupancy loads as determined by the Fire Department? \_\_\_\_\_

15. What is the proposed number of seats, including bar seats, in all areas (Indoor and Outdoor Areas)?

\_\_\_\_\_

16. Will you have live entertainment (Specify)? \_\_\_\_\_

17. I acknowledge that night clubs are not a permitted use in the ODD (please initial). \_\_\_\_\_

18. What will be your business/operating hours? \_\_\_\_\_

19. What is the total square footage of the licensed premises? \_\_\_\_\_

20. Will you use any outside area(s) for the sale of consumption of alcoholic beverages (Specify – provide diagram)?

\_\_\_\_\_

21. Will the licensed premises require tenant improvements? \_\_\_\_\_

22. I acknowledge that all tenant improvements must be permitted within 60 days and the work completed and the

new or expanded use open for business within twelve (12) months of the award of surplus floor space (please

initial). \_\_\_\_\_

23. Floor Plan – Provide a detailed floor plan/diagram that depicts the actual seating (indoor and outdoor), serving

area, kitchen, etc. of the alcohol licensed premises.

24. I acknowledge that this application is not transferable (please initial). \_\_\_\_\_

I hereby certify that all information contained herein is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

**State of Florida**  
**Martin County**

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_ who is personally known to me, or who has produced \_\_\_\_\_  
as identification and who did/did not take an oath.

\_\_\_\_\_  
Notary Signature

Commission expires: