



Community Development Department – Planning Division
1601 NW 136 Avenue, Sunrise, FL 33323 P: 954.746.3270 F: 954.746.3287

ZONING APPROVAL FOR ALCOHOLIC BEVERAGE LICENSE CHECKLIST

The following items must be submitted to the Community Development Department for zoning review:

- The original State application form for Alcoholic Beverage License with the Section for Zoning Authority must be completed by applicant including series License number.
- Zoning Approval Application Form, signed by the applicant listed on the State license.
- Review fee of \$100.00 + \$5 (Technology fee)



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 AskZoning@sunrisefl.gov

For Official Use Only

Date: _____

HTE #: _____

Entered By: _____

Approved By: _____

Approval Date: _____

**Zoning Approval Application for State of Florida
 Alcoholic Beverage License**

Name of Business: _____

Applicant Name: _____

Address of Business: _____

Type of Alcoholic Beverage License Requested: Series _____ New _____ Transfer _____

Contact Information: Telephone _____ Fax _____

Email address: _____

Applicant signature: _____ Date: _____

The applicant must answer all of the following questions

1. What are your proposed hours of operation (hours and days of the week)?

2. Was the bar, restaurant or nightclub space that you currently occupy, previously occupied by a bar, restaurant or nightclub with a different name? If so, state the former name. _____
3. Does your establishment charge a cover charge, door charge or have a membership fee? Yes No
4. Does your establishment set a minimum drink requirement? Yes No
5. Does your establishment have a dance floor, platform, musical staging area or other open area used by patrons for dancing or viewing of live entertainment? This would include moving dining tables in order to accommodate dancing or live entertainment. Yes No
6. What is the maximum capacity of your establishment as determined by the City of Sunrise Fire or Building Departments? _____. If necessary, contact the City Fire Department at (954) 746-3474 to verify.
7. What is the maximum number of seats of your establishment (not counting bar seats)? _____ # of bar seats? _____
8. What is the square footage of the customer service areas? _____
 Does your establishment routinely advertise specific entertainment events or engagements? Yes No
9. If "yes," please give examples of the types of entertainment events that you advertise.

10. Do you currently have an Alcoholic Beverage License for this address? Yes No
 If yes, what is the series and why are you requesting a change? _____

SECTION FOR ZONING AUTHORITY MUST BE COMPLETED BY APPLICANT INCLUDING SERIES LICENSE NUMBER