



# Development and Growth Management Development Coordination Division

## RESUMPTION OF SALES

The following documentation, as applicable to the subject property, shall be submitted as evidence that the sale of alcoholic beverages has resumed:

- i. The notarized "Resumption of Sales" form identifying the date alcoholic beverages sales resumed
- ii. The most current invoices, delivery receipts, and payments to a distributor of alcoholic beverages; and,
- iii. The most current records of state sales tax payments; and,
- iv. The most current records of electric usage, consumption, and payment of same for the establishment; and
- v. The most current records of water usage, consumption, and payment of same for the or establishment; and
- vi. Photographs of the property or establishment that demonstrate compliance with property maintenance and structural standards in Chapter 19; and
- vii. Copy of a valid and current alcoholic beverage sales license from the State of Florida; and
- viii. Copy of valid and current city business tax receipt; and,
- ix. Copy of valid and current occupational license.

### Statement of Resumption of Sales:

I, (Applicant Name) \_\_\_\_\_

do hereby affirm that the sales/service of alcoholic beverages resumed on date \_\_\_\_\_

at property address \_\_\_\_\_

and I am the (Check all that apply):

- property owner
- alcoholic beverage license holder
- designated agent (must include owner authorization in notarized statement below)

and by signing below do acknowledge that I have read, understand and provided the proper and complete information as required in this statement:

STATE of FLORIDA COUNTY of _____  Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this _____ day of _____, 202_, by  _____ / _____ Printed Name ( <b>Owner</b> )      Signature	STATE of FLORIDA COUNTY of _____  Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this _____ day of _____, 202_, by  _____ / _____ Printed Name ( <b>Agent</b> )      Signature
----- Signature and Stamp of Notary Public	----- Signature and Stamp of Notary Public
Personally known or produced identification: Select  Type of identification	Personally known or produced identification: Select  Type of identification