



ANNUAL REPORT OF FOOD AND ALCOHOLIC BEVERAGES

REPORTING PERIOD: JANUARY 1, 2025 - DECEMBER 31, 2025

CITY OF TAMPA

Development Coordination 2555 E Hanna Avenue 2nd Floor Tampa, FL 33610

(813) 274-3100, Option 2

SUBMIT BY EMAIL TO: ABRecords@tampagov.net

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS EMAIL: _____

The alcoholic beverage sales permit for the subject business was granted with an "R," "Special Restaurant," or "Restaurant" designation. This designation requires the following:

- 51% of the gross sales of the business is attributable to food sales;
- the property owner / business have agreed to file an Annual Report and insurance audit with the City;
- the Annual Report and insurance audit must be filed no later than January 31 of the year following the reporting period (the preceding year);
- the Annual Report must show gross sales of food;
- the Annual Report must show gross sales of alcoholic beverages; and,

- Pursuant to Ordinance # 2014-89, the Annual Report must include a legible copy (digital or hard copy) of the most current commercial insurance audit statement and sales summary for the business.

NOTE: Failure to file this report, *with the commercial insurance audit and sales summary as described above*, by the required date or failure to meet the minimum 51% food sales may result in one (1) or more of the following:

- fee assessment; and,
- scheduling of a public hearing before City Council with a possible suspension or revocation of the alcoholic beverage sales permit.

GROSS SALES

FOOD & NON- ALCOHOLIC BEVERAGES: _____

ALCOHOLIC BEVERAGES: _____

PERCENTAGES

FOOD & NON- ALCOHOLIC BEVERAGES: _____

ALCOHOLIC BEVERAGES: _____

I, THE UNDERSIGNED BUSINESS AND/OR PROPERTY OWNER, BUSINESS OPERATOR, OR AGENT, HEREBY CERTIFY THAT ALL INFORMATION STATED HEREIN IS TRUE AND CORRECT.

****Forms MUST BE SIGNED --- If NOT SIGNED, forms WILL BE REJECTED****

****Signature can be performed BY HAND OR BY ELECTRONIC SIGNATURE as shown below****

****It is NOT necessary to complete both types of signatures****

STANDARD SIGNATURE _____

(Business/Property Owner, Business Operator, Agent)

ELECTRONIC SIGNATURE _____

(Click in the box above, if you would like to create / use an Electronic Signature)



City of Tampa

Jane Castor, Mayor

Development and Growth Management

Development Coordination

2555 E Hanna Ave Tampa, Florida 33610

Office (813) 274-3100 x 2

Name of Business Establishment: _____

Email of Business Establishment: _____

Mailing Address of Business Establishment: _____

I hereby acknowledge that I have been informed of the “R-Zoning requirements” that the combined gross sales of the business are not less than fifty-one (51) percent attributable to the sale of food during each calendar year. “R-Zoning” means any alcoholic beverage approval for a "R" zoning, "R" special use permit, or "alcoholic beverage sales special restaurant" or "alcoholic beverage sales restaurant" special use requirements, as defined in section 27-43 Definitions and subject to 27-132 Regulations governing special uses.

I understand that a signed and dated report reflecting food and alcoholic beverage sales for the annual period (January 1 to December 31) shall be submitted to the City of Tampa by the thirty-first (31st) day of January of the following year, as required by Section 27-319. The form shall be supplied by the City via its online presence. Additionally, a legible copy of the most current commercial insurance audit for the subject establishment shall be provided.

Please note that any correspondence from the City notifying the undersigned that the required submittal is a courtesy and not required to be provided to the undersigned.

Failure to comply with the “R” zoning requirements shall result in the City issuing a “notice of non-compliance and late fee” to the business and property owner by certificate of mail and an administrative fee from said

business, per Section 27-319. Non-compliance with any part of Section 27-319 shall be deemed a violation and subject to Section 27-318.

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: _____

Signature: _____

Signature and Stamp of Notary Public: _____

Personally known or produced identification

Type of identification: _____

_____ **tampagov.net** _____

K:\P&D Land

Development Coordination\Alcoholic Beverage Records\AB Records\R Reporting\Forms