



ADMINISTRATIVE EXTENSION OF TIME FOR PROPERTIES POSTED BY THE CITY OF TAMPA FOR SUSPENSION OF ALCOHOLIC BEVERAGE SALES

Statement of Request for Administrative Extension pursuant to Section 27-318:

I, (Applicant Name) Enter Applicant Name Here

do hereby state the intent not abandon the sale/service of alcoholic beverages and request an extension for the property address Enter Property Address Here

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 have provided evidence supporting the following checked reason(s):

- Potential ownership change of real property or business. Documentation: a copy of the listing or the current sales contract that clearly states the proposed date of the closing or tentative transaction date for the sale.
- Repair, renovation, expansion, or new construction. Documentation: a copy of the contract for such repair, renovation, expansion or new construction and permit number(s) and any other documentation indicating ongoing good faith efforts to complete construction.
- Reasons other than those identified above. Documentation: any supporting evidence of need for extension.

And I understand that, upon the expiration of the one hundred twenty (120) day discontinuance of sales, the wet zoned parcel shall automatically revert to a dry status UNLESS the property owner or the holder of the

alcoholic beverage license, prior to the expiration of the one hundred twenty (120) day period, files a proper completed one hundred eighty (180) day extension petition with development coordination OR files a resumption of sales.

And by signing below acknowledge that I have read and understand the requirements and have provided the proper and complete information required by 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

by

Printed Name (**Owner**) Signature

Signature and Stamp of Notary Public

Personally known or produced identification

Type of identification:

STATE of FLORIDA

COUNTY of

Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this

day of

by

Printed Name (**Agent**) Signature

Signature and Stamp of Notary Public

Personally known or produced identification

Type of identification:

To be completed by Development Coordination staff: The one hundred twenty (120) day administrative extension is hereby granted and will expire on date

PLEASE NOTE: Only one (1) one hundred twenty (120) day administrative extension may be granted by the land development coordination division in any twelve (12) month period.