Date Submitted:	Application Number:
Date Filed:	Public Hearing:

## **Application for Waiver of Minimum Distance Requirements for Liquor License Location**

City of Jacksonville, Florida Planning and Development Department

Please type or print in ink. Instructions regarding the completion and submittal of this application are located at the end of this form. For additional information, please contact the Planning and Development Department at (904) 255-7865.

For Official Use Only				
Current Zoning District:		Current Land Use Category:		
Council District:		Planning District	:	
Previous Zoning Applications Filed (provide application numbers):				
Applicable Section of Ordinance Co	de:			
Notice of Violation(s):				
Neighborhood Associations:				
Overlay:				
Number of Signs to Post:	Amount of Fee	9:	Zoning Asst. Initials:	
PROPERTY INFORMATION				
1. Complete Property Address:		2. Real Estate Number:		
3. Land Area (Acres):		4. Date Lot was Recorded:		
5. Property Located Between Stree	ts:	6. Utility Services	s Provider:	
3. Hoperty Located Detween Streets.		City Water / City Sewer		
		Well / Septic _		
7. Waiver Sought:				
Reduce Required Minimum Distance	e between liquo	or license location	and church or school from	
feet to feet.				
8. In whose name will the Waiver be granted?				
	Page	1 of 4		

OWNER'S INFORMATION (please attach separate sheet if more than one owner)		
9. Name:	10. E-mail:	
11. Address (including city, state, zip):	12. Preferred Telephone:	

APPLICANT'S INFORMATION (if different from owner)		
13. Name:	14. E-mail:	
15. Address (including city, state, zip):	16. Preferred Telephone:	

### **CRITERIA**

Section 656.101(I), Ordinance Code, defines a waiver as "a relaxation of the Zoning Code minimum distance requirements for liquor license locations, pursuant to Section 656.805, Ordinance Code."

Section 656.133(a)1 through 5, Ordinance Code, provides that, with respect to action upon Applications for Waivers, the Planning Commission may grant a waiver for minimum distance requirements from a church or school for a liquor license location, if there exist one or more circumstances which negate the necessity for compliance with the distance requirements, included but not limited to the following:

- i. The commercial activity associated with the alcoholic beverage use is of a lesser intensity than the commercial activity associated with the alcoholic beverage use which previously existed; e.g., there has been a reduction in the number of seats or square footage or type of license;
- The alcoholic beverage use is designed to be an integral part of a mixed planned unit development;
- iii. The alcoholic beverage use is located within a shopping center with an aggregate gross leasable area of 50,000 square feet or more, inclusive of all outparcels, and meets the definition of a bona-fide restaurant as defined in Section 656.805(c);
- iv. The alcoholic beverage use is not directly visible along the line of measurement defined in Section 656.806 and is physically separated from the church or school, thereby negating the distance requirement as a result of the extra travel time; or
- v. There are other existing liquor license locations of a similar nature in the immediate vicinity of the proposed location; provided however, that no waiver shall be granted pursuant to this criterion if the proposed liquor license location is closer to the church or school than other existing locations.

17. Given the above definition of a "waiver" and the aforementioned criteria by which the request will be reviewed against, please describe the reason that the waiver is being sought. Provide as much information as you can; you may attach a separate sheet if necessary. Please note that failure by the applicant to adequately substantiate the need for the request and to meet the criteria set forth may result in a denial.
ATTACHMENTS
The following attachments must accompany each copy of the application.
Survey
Site Plan – two (2) copies on 8 ½ x 11 and two (2) copies on 11 x 17 or larger
Property Ownership Affidavit (Exhibit A)
Agent Authorization if application is made by any person other than the property owner (Exhibit B)
Legal Description – may be written as either lot and block, or metes and bounds (Exhibit 1)
Proof of property ownership – may be print-out of property appraiser record card if individual owner, <a href="http://apps.coj.net/pao_propertySearch/Basic/Search.aspx">http://apps.coj.net/pao_propertySearch/Basic/Search.aspx</a> , or print-out of entry from the Florida Department of State Division of Corporations if a corporate owner, <a href="http://search.sunbiz.org/Inquiry/CorporationSearch/ByName">http://search.sunbiz.org/Inquiry/CorporationSearch/ByName</a> .

# \*Applications filed to correct existing zoning violations are subject to a double fee. \*Base Fee Non-residential Districts: \$1,091.00 \*Public Notices Structure Stru

### **AUTHORIZATION**

Please review your application. No application will be accepted until all of the requested information has been supplied and the required fee has been paid. The acceptance of an application as being complete does not guarantee its approval by the Planning Commission. The owner and/or authorized agent must be present at the public hearing.

The required public notice signs must be posted on the property within five (5) working days after the filing of this application. Sign(s) must remain posted and maintained until a final determination has been made on the application.

<u>I hereby certify that I have read and understand</u> the information contained in this application, that I am the owner or authorized agent for the owner with authority to make this application, and that all of the information contained in this application, including the attachments, is true and correct to the best of my knowledge.

Owner(s)	Applicant or Agent (if different than owner)
Print name:	Print name:
Signature:	Signature:
_	_
Owner(s)	*An agent authorization letter is required if the
Print name:	application is made by any person other than the property owner.
Signature:	
_	

## **SUBMITTAL**

This application must be typed or printed in ink and submitted along with three (3) copies for a total of **four (4) applications**. Each application must include **all required attachments**.

Submit applications to:

Planning and Development Department, Zoning Section 214 North Hogan Street, 2<sup>nd</sup> Floor Jacksonville, Florida 32202 (904) 255-8300

# <u>Property Ownership Affidavit – Limited Liability Company (LLC)</u>

Date:	
City of Jacksonville	
Planning and Development Departmer	nt
214 North Hogan Street, Suite 300,	
Jacksonville, Florida 32202	
	ollowing site location in Jacksonville, Florida: RE#(s):
To Whom it May Concern:	
I , as	of
	under the laws of the state of, hereby certify
that said LLC is the Owner of the prope	erty described in Exhibit 1 in connection with filing application(s)
for sub	mitted to the Jacksonville Planning and Development
Department.	
(signature)	
(print name)	
shown through a printout from sunbiz.or	that signatory is an authorized representative of the LLC. This may be rg showing that the person is either a "sole member" or a "managing led through a resolution, power of attorney, etc.
STATE OF FLORIDA COUNTY OF DUVAL	
presence or [_] online notarization	d acknowledged before me by means of [_] physical , this day of, by, as, of
	, a corporation, who is personally
known to me or who has produced took an oath.	as identification and who
	(Signature of NOTARY PUBLIC)
	(Printed name of NOTARY PUBLIC)
	State of Florida at Large.
	My commission expires:

## **Property Ownership Affidavit - Corporation**

Date:	
City of Jacksonville	
Planning and Development Department	t
214 North Hogan Street, Suite 300,	
Jacksonville, Florida 32202	
Re: Property Owner Affidavit for the fo	llowing site location in Jacksonville, Florida:
	RE#(s):
To Whom it May Concern:	
1	, as of
	corporation, hereby certify that said
	ty described in Exhibit 1 in connection with filing application(s)
forsubmitted to the	e Jacksonville Planning and Development Department.
(signature)	
(print name)	
(r	
Please provide documentation illustrating that si through corporate resolution, power of attorney	ignatory is an authorized representative of the corporation; this may be shown y, printout from sunbiz.org, etc.
COUNTY OF DUVAL	
Sworn to and subscribed and	acknowledged before me by means of [_] physical presence
	this day of 20, by
	, as, of
	_, a corporation, who is personally
known to me or who has produced took an oath.	d as identification and who
	(Signature of NOTARY PUBLIC)
	(Printed name of NOTARY PUBLIC)
	State of Florida at Large.
	My commission expires:

## **Property Ownership Affidavit - Individual**

Date:	
City of Jacksonville	
Planning and Development Depa	rtment
214 North Hogan Street, Suite 30	00,
Jacksonville, Florida 32202	
Re: Property Owner Affidavit for Address: RE#(s):	the following site location in Jacksonville, Florida:
To Whom it May Concern:	
l,	hereby certify that
	cribed in Exhibit 1 in connection with filing application(s) for
	submitted to the
Jacksonville Planning and Develo	
Ву	
Print Name:	
STATE OF FLORIDA COUNTY OF DUVAL	
[_] online notarization, this	nowledged before me by means of [_] physical presence or day of, by, of
	, a corporation, who is
personally known to me or who land who took an oath.	nas produced as identification
_	
	(Signature of NOTARY PUBLIC)
	(Printed name of NOTARY PUBLIC)
	State of Florida at Large.
	My commission expires:

# **Agent Authorization – Limited Liability Company (LLC)**

Date:								
City of Jacksonville								
Planning and Developr	nent Departme	nt						
214 North Hogan Stree	et, Suite 300,							
Jacksonville, Florida 32	202							
Re: Agent Authorization	on for the follow	wing site loca	tion in Jacksor	nville, Florida	a:			
Address:				RE#(s):				
To Whom It May Conc	ern:							
You are hereby advised	d that				, as			of
		, hereby c	ertify that the				is the C	)wner
of the property	described	in Exhibit	1. Sai	d owner	hereby	authorizes	and empo	owers
				to act	as ager	nt to file	application(s)	for
					_			
with such authorization								
				-			necessary for	Sucii
requested change as s	ubmitted to the	e Jacksonville	Planning and	Developmer	it Departme	ent.		
(signature)								
(print name) _								
STATE OF FLORIDA								
COUNTY OF DUVAL								
Sworn to and s	subscribed and	acknowledge	d before me b	ov means of	[ ] physica	l presence or	[ ] online	
notarization, this						•		
								+h
personally known to m	ie or who has p	roduced			as idelitii	iication and v	VIIO LOOK ali Oa	ui.
		(Signature	of NOTARY P	JBLIC)		- <del></del>		
		(Printed na	ame of NOTAF	RY PUBLIC)				
		·		•				
			orida at Large. ission expires:					

## **Agent Authorization - Corporation**

Date:				
City of Jacksonville				
Planning and Developme	nt Department			
214 North Hogan Street,	Suite 300,			
Jacksonville, Florida 3220	)2			
Re: Agent Authorization	for the following site lo	cation in Jackso	nville, Florida:	
Address:		RE#(s):		
To Whom it May Concer	ո։			
You are hereby advised t	hat		_, as	of
	, a corp	oration organize	ed under the laws	of the state of,
hereby authorizes and er	mpowers			to act as agent to file
application(s) for				for the above referenced property
and in connection with s	uch authorization to file	such applicatio	ns, papers, docum	ents, requests and other matters
necessary for such reque	sted change as submitt	ed to the Jackso	nville Planning and	d Development Department.
(signature)				
(print name)				
STATE OF FLORIDA				
COUNTY OF DUVAL				
Sworn to and s	ubscribed and acknow	vledged before	me by means of	[_] physical presence or [_] online
notarization, this	day of	20	, by	, as
	, of		, a	corporation,
who is personally know	vn to me or who has p	oroduced		as identification and
who took an oath.				
	(Signat	ure of NOTARY	PUBLIC)	
	(Printe	d name of NOT	ARY PUBLIC)	
		f Florida at Lar nmission expire	_	

## <u> Agent Authorization – Individual</u>

Date:	
City of Jacksonville	
Planning and Development Department	
214 North Hogan Street, Suite 300,	
Jacksonville, Florida 32202	
Re: Agent Authorization for the following	g site location in Jacksonville, Florida:
Address:	
RE#(s):	
To Whom it May Concern:	
	, as
	, of,
	the Owner of the property described in Exhibit 1. Said owner
	to act as agent to
	for the above
referenced property and in connection	n with such authorization to file such applications, papers,
documents, requests and other matter	rs necessary for such requested change as submitted to the
Jacksonville Planning and Development D	Department.
Ву:	-
Print Name:	
rillit Name.	-
STATE OF FLORIDA	
COUNTY OF DUVAL	
Swarn to and subscribed and asknowled	ged before me by means of [_] physical presence or [_] online
notarization, this	
Tiotalization, this	,, ,
	, who is personally known to me or who has produced
as identi	fication and who took an oath.
ī	Signature of NOTARY PUBLIC)
`	is gradulte of the training of the
-	(Printed name of NOTARY PUBLIC)
•	State of Florida at Large.
,	My commission expires: