

Business Name (D/B/A)

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| 1. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is the proposed premises movable or able to be moved? |
| 2. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is there any access through the premises to any area over which you do not have dominion and control? |
| 3. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Are there more than 3 separate rooms or enclosures with permanent bars or counters? |
| 4. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is the business located within a Specialty Center? If yes, check the applicable statute:
<input type="checkbox"/> 561.20(2)(b)1, F.S. or <input type="checkbox"/> 561.20(2)(b)2, F.S. |

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show the details of each floor.

